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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number: 102

State File Number:

DECEASED—NAME: 1 TJALLING (NMI) SMIDT

2 DATE OF DEATH (month, day, year): March 24, 1984

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 52

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): July 12, 1931

7a CITY, TOWN OR LOCATION OF DEATH: Chiloquin

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St. Rt.2 Box 576

7c IF HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient [Specify]: -

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): The Netherlands

9 CITIZEN OF WHAT COUNTRY: The Netherlands

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Theodora Smidt

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 570-68-7293

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpentery/Dutch Master Cabinet

14b KIND OF BUSINESS OR INDUSTRY: Cabinetmaker

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Chiloquin

15d STREET AND NUMBER OR R.F.D., ZIP: Rt. 2 Box 576 97624

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME (first, middle, last): Klaas - Smidt

17 MOTHER—NAME (first, middle, last, Maiden Name): Metje - Timmerman

18 INFORMANT—NAME and relationship to deceased: Theodora Smidt, wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION (city or town, state): Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Alden B. Glidden MD

21b DATE SIGNED [Mo., Day, Yr.]: 3-25-84

21c HOUR OF DEATH: 7:55 P.M.

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Alden B. Glidden, MD, 2680 Urhmann Rd., Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAR 26 1984

22b REGISTRAR [Signature]: Marian Ackerman

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I

(a) Malignant Carcinoma — Interval between onset and death: 5 mos

DUE TO, OR AS A CONSEQUENCE OF:

(b) Bronchogenic Carcinoma — Interval between onset and death: 6 mos

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Coronary Atherosclerosis

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26e INJURY AT WORK [Specify Yes or No]: No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date MAR 26 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 28th day of March A.D., 19 84 at 2:48 o'clock P M. and duly recorded in Vol M84, of Deeds on page 4936.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 4.00

Return: Theodora Smidt, Rt. 2 Box 576, Chiloquin Oregon