

CERTIFICATE OF DEATH

149 Local File Number

State File Number

DECEASED—NAME First Middle Last
EDWARD O. SKOE

DATE OF DEATH (month, day, year)
April 22, 1984

RACE White, Black, American Indian etc. (specify) White SEX Male AGE—Last birthday (years) 81 Under 1 year Under 1 day DATE OF BIRTH (month, day, year) January 21, 1903

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME Klamath Co. Nursing Home IF HOSP. OR INST. indicate DOA: Emer. Rm. Inpatient (Specify) Inpatient COUNTY OF DEATH Klamath

STATE OF BIRTH (if not in U.S.A. name country) South Dakota CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married SPOUSE (IF MARRIED, WIDOWED) Martha E. Skoe WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

SOCIAL SECURITY NUMBER 501-01-0707 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Vocational School Teacher KIND OF BUSINESS OR INDUSTRY Automobile Mechanics Education

RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D., ZIP 601 Van Ness 97601 Inside City Limits (specify yes or no) Yes

FATHER—NAME first middle last Neri - Skoe MOTHER—first middle last (Maiden Name) Inga - Ausland INFORMANT—NAME and relationship to deceased Martha E. Skoe, Wife

BURIAL, CREMATION, REMOVAL, MAJORS (specify) Burial CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens LOCATION city or town state Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

To be Completed by CERTIFYING PHYSICIAN Only
I, the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
21a (Signature) Blake Berven 21b 4/23/84 21c 11:02 P. M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, M.D., 2616 Clover St., Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e DATE RECEIVED BY REGISTRAR (4th, Day, Yr) APR 23 1984 REGISTRAR (Signature) M. Ackerman

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) Acute CVH Interval between onset and death 10 min
(b) Generalized atherosclerosis Interval between onset and death 10 yrs
(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Multiple myeloma, pneumonia AUTOPSY (Specify Yes or No) No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

ACCIDENT (Specify Yes or No) DATE OF INJURY (4th, Day, Yr) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By (Signature) Deputy Registrar

Date APR 23 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 3rd day of May A.D., 1984 at 11:27 o'clock A.M., and duly recorded in Vol M84 of Deeds on page 7380.

EVELYN BIEHN, COUNTY CLERK

by: (Signature), Deputy

Fee: \$4.00

Return: Martha E. Skoe 601 Van Ness, Klamath Falls, Oregon 97601