

38250

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

Vol. M84 Page 10929

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
CATHERINE LYON LAKE					June 23, 1984	
RACE White, Black, American Indian, etc. (Specify)		SEX	AGE—Last birthday (years)		DATE OF BIRTH (month, day, year)	
1 White		2 Female	3 64		4 6 April 30, 1920	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in entry, give street and number)		IF HOSPITAL OR INST. indicate DOA or Under 1 year		COUNTY OF DEATH
7a Klamath Falls		7b 5301 Bartlett		7c		7d Klamath
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Oregon		9 U.S.A.		10 Married		12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (If married, widowed)		KIND OF BUSINESS OR INDUSTRY
13 543-07-3221		14a Teacher/Administrator		11 John W. Lake		14b Higher Education
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
15a Oregon		15b Klamath	15c Klamath Falls		15d 5301 Bartlett 97603	
FATHER—NAME (first, middle, last)		MOTHER—NAME (first, middle, last)		INFORMANT—NAME and relationship to deceased		Inside City Limits (Specify Yes or No)
16 Frank Lyon		17 Bonnalyn Meek		18 John W. Lake, husband		15e Yes
BURIAL, CREMATION, REINTERMENT, etc. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—city or town, state		
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Specify)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
20a William F. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603		21b 6-25-84		21c 7:00 A.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
21a Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601		21b				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a JUN 26 1984		22b (Signature) M. Ackerman & Ravinich				
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		INTERVAL BETWEEN ONSET AND DEATH				
PART I (a) Metastatic oat cell carcinoma from right lung		Interval between onset and death		4 months		
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23 No		24 No		25 No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
26a No		26b		26c		26d
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
26e No		26f		26g		

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 Marian E. Ravinich, Deputy Registrar

Date JUN 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 June A.D., 1984 at 4:08 o'clock P M, and duly recorded in Vol M84 of Deeds on page 10929.

EVELYN BIEHN, COUNTY CLERK

by: Bernice A. Letcher, Deputy

Fee: \$ 4.00

Return: John Lake 5301 Bartlett Klamath Falls, Oregon