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

Vol. M84 Page 11772

278

Local File Number

## CERTIFICATE OF DEATH

State File Number

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DECEASED—NAME			First Middle Last			DATE OF DEATH (month, day, year)		
1. EUNICE M. TREAT						2. July 7, 1984		
3. White			4. Female			5. AGE—Last birthday (years) 74		
6. CITY, TOWN OR LOCATION OF DEATH Klamath Falls			7. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center			8. DATE OF BIRTH (month, day, year) February 2, 1910		
9. STATE OF BIRTH (If not in U.S.A. name country) Oklahoma			10. CITIZEN OF WHAT COUNTRY U.S.A.			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		
12. SOCIAL SECURITY NUMBER 545-44-2458 A			13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker			14. SPOUSE (IF MARRIED, WIDOWED) Ernest K. Treat		
15. RESIDENCE—STATE Oregon			16. COUNTY Klamath			17. CITY, TOWN, OR LOCATION Klamath Falls		
18. STREET AND NUMBER OR R.F.D., ZIP 2143 Ogden St.			19. Inside City Limits (specify yes or no) No			20. COUNTY OF DEATH Klamath		
21. FATHER—NAME first middle last John - McCutchen			22. MOTHER—first middle last Fannie C. Walker			23. INFORMANT—NAME and relationship to deceased Ernest K. Treat, Husband		
24. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			25. CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens			26. LOCATION City or town state Klamath Falls, Oregon		
27. FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) Mike Olan			28. NAME AND ADDRESS OF FACILITY Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore			29. DATE SIGNED (Mo. Day Yr) 7/9/84		
30. NAME AND ADDRESS OF CERTIFIER (Type or Print) F. Geoffrey Marx, M.D., 2614 Clover St., Klamath Falls, Oregon 97601			31. DATE RECEIVED BY REGISTRAR (Mo. Day Yr) JUL 10 1984			32. REGISTRAR (Signature) Rachumi E. Cravink		
33. IMMEDIATE CAUSE (a) Respiratory Failure			34. (b) Myasthenia Gravis			35. INTERVAL BETWEEN ONSET AND DEATH 2 wks		
36. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			37. AUTOPSY (Specify Yes or No) No			38. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No		
39. ACCIDENT (Specify Yes or No)			40. DATE OF INJURY (Mo. Day Yr)			41. HOUR OF INJURY		
42. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)			43. LOCATION			44. STREET OR R.F.D. NO		
45. CITY OR TOWN			46. STATE			47. 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 Rachumi E. Cravink, Deputy Registrar

Date JUL 10 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 12th day of July A.D., 1984 at 2:09 o'clock P.M., and duly recorded in Vol M84 of Deeds on page 11772.

Return: Ernest Treat  
2143 Ogden St., Klamath Falls,  
Oregon.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 4.00

by: [Signature], Deputy

Indexing: \$1.00