

276
Local File Number
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
State File Number
DATE OF DEATH (month, day, year)
July 30, 1980
DECEASED—NAME First Middle Last
NEVA KAY SMITH
RACE White, Black, American Indian, etc. (specify)
White
SEX Female
AGE—Last birthday (years)
39
Under 1 year
Under 1 day
DATE OF BIRTH (month, day, year)
February 28, 1941
CITY, TOWN OR LOCATION OF DEATH
Klamath Falls
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)
West Medical Center
IF HOSP. OR INST. Indicate DOA, Office, Rm., Inpatient (Specify)
Inpatient
COUNTY OF DEATH
Klamath
STATE OF BIRTH (If not in U.S.A., name country)
California
CITIZEN OF WHAT COUNTRY
U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
Married
SPOUSE (If MARRIED, WIDOWED)
Robert H. Smith
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
No
SOCIAL SECURITY NUMBER
554-56-7554
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
Secretary
KIND OF BUSINESS OR INDUSTRY
Wholesale Bakery
RESIDENCE—STATE
Oregon
COUNTY
Klamath
CITY, TOWN, OR LOCATION
Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP
Rt 1 Box 604-A 97601
Inside City Limits (specify yes or no)
No
FATHER—NAME first middle last
Mack Lester Caldwell
MOTHER—Maiden Name first middle last
Ena Lou Kay
INFORMANT—NAME and relationship to deceased
Robert H. Smith, husband
BURIAL, CREMATION, REMOVAL, MAUS. (specify)
Burial
CEMETERY OR CREMATORY—NAME
Klamath Memorial Park
LOCATION city or town state
Klamath Falls, Oregon 97601
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)
William F. Newport
NAME AND ADDRESS OF FACILITY
Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
DATE SIGNED (Mo., Day, Yr.)
7-30-80
HOUR OF DEATH
2:15 A.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print)
William S. Bechen, MD, 2600 Uhrmann Road, Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
JUL 31 1980
REGISTRAR
Marian Ackerman
PART I IMMEDIATE CAUSE
23 (a) ANOXIA
DUE TO, OR AS A CONSEQUENCE OF:
(b) CARDIO-RESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(c) METASTATIC CARCINOMA BREAST
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
AUTOPSY (Specify Yes or No)
No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No
ACCIDENT (Specify Yes or No)
No
DATE OF INJURY (Mo., Day, Yr.)
HOUR OF INJURY
M
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

40 21 Wd 27 JOP 48.

HS-2 Rev-1-80

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 Ackerman Deputy Registrar
Date JUL 31 1980
VOID IF ALTERED

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

RETURN TO: ROBERT SMITH
RT 1 BOX 604A KFO

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 23rd day of July A.D., 1984 at 12:04 o'clock P M, and duly recorded in Vol M84 of Deeds on page 12376.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by: Ann Smith, Deputy