

41532

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

Vol. M84 Page 16534

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
STRUCTURES
SEE
HANDBOOK

84-40

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last ANNABELL (NMI) GIBSON		DATE OF DEATH (month, day, year) 2 July 27, 1984	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Female	3 AGE—Last birthday (years) 73	4 DATE OF BIRTH (month, day, year) June 5, 1911
5 CITY, TOWN OR LOCATION OF DEATH Lakeview		6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Lake Dist. Hospital	
7a STATE OF BIRTH (If not in U.S.A. name country) Colorado	7b CITIZEN OF WHAT COUNTRY U.S.A.	7c MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	7d SPOUSE (IF MARRIED, WIDOWED) J. Clinton Gibson
8 SOCIAL SECURITY NUMBER 547-18-5904	9 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Dental Chairside Assistant	10 KIND OF BUSINESS OR INDUSTRY Dentistry	11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
12 RESIDENCE—STATE Oregon	13 COUNTY Klamath	14 CITY, TOWN, OR LOCATION Bly	15 STREET AND NUMBER OR R.F.D., ZIP P.O. Box 544 97622
16 FATHER—NAME first middle last Benjamin Franklin Smith	17 MOTHER—first middle last (Maiden Name) Ida Ann Leonard	18 INFORMANT—NAME and relationship to deceased J. Clinton Gibson, husband	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Removal/Burial	19b CEMETERY OR CREMATORY—NAME Green Hills Memorial Parl.	19c LOCATION city or town state San Pedro, California	
20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) William J. Robinson			
20b NAME AND ADDRESS OF FACILITY 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194			
21a (Signature) Robert W. Bomengen		21b DATE SIGNED (Mo., Day, Yr.) 7/27/84	21c HOUR OF DEATH 2:45 P.M.
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Robert W. Bomengen, MD, 628 North First St., Lakeview, Oregon 97630			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) July 30, 1984		22b REGISTRAR (Signature) Beg Robinson, deputy	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) metastatic CA to brain		Interval between onset and death months	
(b) CARCINOMA LUNG		Interval between onset and death months	
(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)			
24 ACCIDENT (Specify Yes or No) NO	25 DATE OF INJURY (Mo., Day, Yr.)	26 HOUR OF INJURY	27 DESCRIBE HOW INJURY OCCURRED
28 INJURY AT WORK (Specify Yes or No) NO	29 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	30 LOCATION	31 STREET OR R.F.D. NO CITY OR TOWN STATE
RESERVED FOR REGISTRAR'S USE			

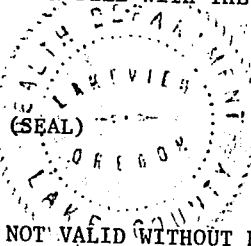
CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

STATE OF OREGON

COUNTY OF LAKE

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT



BY: Beg Robinson
DEPUTY REGISTRAR

DATE July 30 1984

NOT VALID WITHOUT RAISED SEAL OF LAKE COUNTY HEALTH DEPARTMENT

VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 24th day of September A.D., 1984 at 3:00 o'clock P.M., and duly recorded in Vol M84 of Deeds on page 16534.

EVELYN BIEHN, COUNTY CLERK

by: [Signature], DeputyFee: \$ 4.00 Index: \$1.00

Return: Clinton Gibson Box 544 Bly, Oregon 97622