

41588

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

Vol. M84 Page 16622

CERTIFICATE OF DEATH

Local File Number 540

DECEASED—NAME First Middle Last
AUDREY JEWEL SMITH

State File Number
DATE OF DEATH (month, day, year)
2 September 7, 1984

1 RACE White, Black, American Indian, etc. (specify) White 2 SEX Female 3 AGE—Last birthday (years) 60 4 Under 1 year mos days 5 Under 1 day hours min

6 DATE OF BIRTH (month, day, year)
January 1, 1924

7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls 7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
3435 Coronado Way 7c IF HOSP. OR INST. Indicate DOA, OP, Emer, Rm., Inpatient (Specify)

8 STATE OF BIRTH (If not in U.S.A. name country) Missouri 9 CITIZEN OF WHAT COUNTRY U.S.A. 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married 11 SPOUSE (If married, widowed)
Roy R. 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
No

13 SOCIAL SECURITY NUMBER 538 - 20 - 1889 14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 14b KIND OF BUSINESS OR INDUSTRY
At Home

15a RESIDENCE—STATE Oregon 15b COUNTY Klamath 15c CITY, TOWN, OR LOCATION Klamath Falls 15d STREET AND NUMBER OR R.F.D., ZIP 3435 Coronado Way 97603 15e Inside City Limits (specify yes or no)
No

16 FATHER—NAME first middle last Otha Alexander 17 MOTHER—first middle last (Maiden Name)
Mary Hovis 18 INFORMANT—NAME and relationship to deceased
Roy R. Smith - Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)
Cremation 19b CEMETERY OR CREMATORY—NAME
Eternal Hills Memorial Gardens 19c LOCATION city or town state
Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) James K. Ward 20b NAME AND ADDRESS OF FACILITY
WARD'S - 1945 Main - Klamath Falls, Oregon 97601

21a NAME AND ADDRESS OF CERTIFIER (Type or Print)
William A. Bartlett, MD / 2860 Daggett St. / Klamath Falls, Oregon 21b DATE SIGNED (Mo. Day, Yr.)
Sept. 10, 1984 21c HOUR OF DEATH
5:10 P.M.

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
William A. Bartlett, MD / 2860 Daggett St. / Klamath Falls, Oregon

21e DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)
SEP 10 1984 22a REGISTRAR
Marian Ackerman

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Metastatic carcinoma of lung Interval between onset and death
6 weeks
(b) Squamous Cell Ca left lung Interval between onset and death
5 months
(c) and bronchoalveolar Ca right lung Interval between onset and death
30 months

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
Chronic bronchitis

24 ACCIDENT (Specify Yes or No) No 25 DATE OF INJURY (Mo. Day, Yr.) 26 HOUR OF INJURY 27 DESCRIBE HOW INJURY OCCURRED

28a INJURY AT WORK (Specify Yes or No) 28b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
At Home 28c M 28d LOCATION
At Home 28e STREET OR R.F.D. NO CITY OR TOWN STATE

29 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 Ackerman, Deputy Registrar

Date SEP 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 25th day of September A.D., 1984 at 1:29 o'clock P M, and duly recorded in Vol M84 of Deeds on page 16622.

Fee: \$ 4.00 Index: \$ 1.00

EVELYN BIEHN, COUNTY CLERK

by: Marian Ackerman, Deputy

Return: Mr. Roy Smith 3433 Coronado Way Klamath Falls, Oregon 97603