

43177

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

Vol. M84 Page

19257

CERTIFICATE OF DEATH

TYPE
IN PRINT
IN
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FOR
INSTRUCTIONS
SEE
BOOK

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HANDBOOK
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Local File Number 244 State File Number

DECEASED—NAME FRANCES BLOOMBERG DATE OF DEATH (month, day, year) June 16, 1984

RACE White SEX Female AGE—Last birthday (years) 89 Under 1 year Under 1 day

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME Merle West Medical Center INPATIENT Inpatient COUNTY OF DEATH Klamath

STATE OF BIRTH (If not in U.S.A.) Minnesota CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married SPOUSE (IF MARRIED, WIDOWED) Verne E. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO

SOCIAL SECURITY NUMBER 543.-07-3185 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife KIND OF BUSINESS OR INDUSTRY At Home

RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D., ZIP 3333 Shasta Way # 27 97603 Inside City Limits (specify yes or no) NO

FATHER—NAME first middle last William Turner MOTHER—first middle last Amelia Philcox INFORMANT—NAME and relationship to deceased Verne Bloomberg / Husband LOCATION city or town state Klamath Falls, Oregon

BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial CEMETERY OR CREMATORY NAME Eternal Hills Memorial Gardens NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) [Signature] DATE SIGNED (Mo. Day, Yr.) 6-18-84 HOUR OF DEATH 6:17 a.m.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated ruptured aortic aneurysm

21a (Signature) [Signature] NAME AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard, MD / 2622 Campus Dr / Klamath Falls, Oregon / 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) JUN 18 1984 REGISTRAR [Signature] Interval between onset and death 2 YEARS

22a ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
PART I IMMEDIATE CAUSE RUPTURED AORTIC ANEURYSM
(a) DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) CANCER OF COLON

24 AUTOPSY (Specify Yes or No) NO 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) NO

26a ACCIDENT (Specify Yes or No) NO 26b DATE OF INJURY (Mo. Day, Yr.) 26c HOUR OF INJURY 26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No) 26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26g LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE

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 [Signature], Deputy Registrar

Date JUN 19 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 14th day of November A.D., 1984 at 2:03 o'clock P M, and duly recorded in Vol. M84 of Deeds on page 19257.

EVELYN BIEHN, COUNTY CLERK
by: [Signature], Deputy

Fee: \$ 4.00 Index: \$1.00

Return: Verne Bloomberg 3333 Shasta Way #27 Klamath Falls, Oregon 97603