44070

457
Local File Number

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

CERTIFICATE OF DEATH

Vol. M84 Page 20810

State File Number

DECEASED—NAME First: RACHAEL Middle: ALBERTA Last: ARRASMITH

DATE OF DEATH (month, day, year): December 10, 1984

RACE: White | SEX: Female | AGE Last birthday (years): 81

DATE OF BIRTH (month, day, year): January 3, 1903

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME: Mt. View Care Center

IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

COUNTY OF DEATH: Klamath

STATE OF BIRTH: South Dakota | CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

SPOUSE (If married, widowed): LeVerne Milton Arrasmith

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

SOCIAL SECURITY NUMBER: 496-07-8687 B

USUAL OCCUPATION: Homemaker | KIND OF BUSINESS OR INDUSTRY: Own Home

RESIDENCE—STATE: Oregon | COUNTY: Klamath | CITY, TOWN, OR LOCATION: Klamath Falls | STREET AND NUMBER OR R.F.D., ZIP: Rt. 3, Box 225 A 97603 | Inside City Limits: No

FATHER NAME: Alfred - Tabor | MOTHER Maiden Name: Vivie - McKennon

INFORMANT: LeVerne Milton Arrasmith, Husband

BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation | CEMETERY OR CREMATORY NAME: Klamath Cremation Service | LOCATION: Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE (Signature): [signature]

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

CERTIFIER (Signature): Robert Payne MD | DATE SIGNED: 12-10-84 | HOUR OF DEATH: 1:20 A.M.

NAME AND ADDRESS OF CERTIFIER: Robert Payne, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

DATE RECEIVED BY REGISTRAR: DEC 10 1984

REGISTRAR (Signature): [signature]

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) Pneumonia

DUE TO OR AS A CONSEQUENCE OF (b)

DUE TO OR AS A CONSEQUENCE OF (c)

PART II OTHER SIGNIFICANT CONDITIONS: Senile dementia.

AUTOPSY (Specify Yes or No): No | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

ACCIDENT | DATE OF INJURY | HOUR OF INJURY | DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK | PLACE OF INJURY | LOCATION: STREET OR R.F.D. NO. | CITY OR TOWN | STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a true and correct transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By [signature] Deputy Registrar
Date DEC 11 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 13th day of December A.D., 19 84 at [illegible] o'clock M., and duly recorded in Vol [illegible] of [illegible] on page 20810.

Fee: $5.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy

Return: LeVerne Arrasmith Rt. 3, Box 225 A, Klamath Falls, Ore. 97603