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46307

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

'85 FEB 26 PM 1 32

57
Local File Number

# CERTIFICATE OF DEATH

State File Number

TYPE PRINT IN PERMANENT BLACK INK OR SEE INSTRUCTIONS BOOK

**DECEASED—NAME** (1) First: LAURENCE Middle: FRANK Last: BECKIUS

**DATE OF DEATH** (month, day, year) (2) February 13, 1985

**RACE** White, Black, American Indian, etc. (specify) (3) White

**SEX** (4) Male

**AGE**—Last birthday (years) (5a) 73 Under 1 year: mos (5b) days Under 1 day: hours (5c) min

**DATE OF BIRTH** (month, day, year) (6) August 2, 1911

**CITY, TOWN OR LOCATION OF DEATH** (7a) Klamath Falls

**HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number) (7b) 1526 Etna Street

**IF HOSP. OR INST.** Indicate DOA, OP/Emer., Rm., Inpatient [Specify] (7c) –

**COUNTY OF DEATH** (7d) Klamath

**STATE OF BIRTH** (If not in U.S.A. name country) (8) Nebraska

**CITIZEN OF WHAT COUNTRY** (9) U.S.A.

**MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (specify) (10) Married

**SPOUSE** (IF MARRIED, WIDOWED) (11) Helen O. Beckius

**WAS DECEDENT EVER IN U.S. ARMED FORCES?** [Specify Yes or No] (12) Yes

**SOCIAL SECURITY NUMBER** (13) 565-05-0251

**USUAL OCCUPATION** (give kind of work done during most of working life, even if retired) (14a) Mechanist

**KIND OF BUSINESS OR INDUSTRY** (14b) Chevron Oil Research

**RESIDENCE—STATE** (15a) Oregon

**COUNTY** (15b) Klamath

**CITY, TOWN, OR LOCATION** (15c) Klamath Falls

**STREET AND NUMBER OR R.F.D., ZIP** (15d) 1526 Etna Street 97603

**Inside City Limits** (specify yes or no) (15e) No

**FATHER**—NAME first middle last (16) Benjamin William Beckius

**MOTHER**—first middle last (Maiden Name) (17) Etta - Miles

**INFORMANT**—NAME and relationship to deceased (18) Helen O. Beckius, wife

**BURIAL, CREMATION, REMOVAL, MAUS.** (specify) (19a) Cremation

**CEMETERY OR CREMATORY**—NAME (19b) Eternal Hills Crematory

**LOCATION** city or town state (19c) Klamath Falls, Oregon 9760

**FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH** [Signature] (20a) William T. Davenport

**NAME AND ADDRESS OF FACILITY** (20b) Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

To be Completed by CERTIFYING PHYSICIAN Only

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

(21a) [Signature] Kenneth K. Magee

**DATE SIGNED** [Mo., Day, Yr.] (21b) February 14, 1985

**HOUR OF DEATH** (21c) 7:45 P. M

**NAME AND ADDRESS OF CERTIFIER** [Type or Print] (21d) Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601

**NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER** [Type or Print] (21e)

**DATE RECEIVED BY REGISTRAR** [Mo., Day, Yr.] (22a) FEB 14 1985

**REGISTRAR** (22b) [Signature] Marian Ackerman

**PART I** (23) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Pneumonia — Interval between onset and death: days

DUE TO, OR AS A CONSEQUENCE OF:

(b) General Debility — Interval between onset and death: months

DUE TO, OR AS A CONSEQUENCE OF:

(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). Advanced Alzheimers Disease

**AUTOPSY** [Specify Yes or No] (24) No

**WAS MEDICAL EXAMINER NOTIFIED** [Specify Yes or No] (25) No

| ACCIDENT [Specify Yes or No] (26a) | DATE OF INJURY [Mo., Day, Yr.] (26b) | HOUR OF INJURY (26c) | DESCRIBE HOW INJURY occurred (26d) |
|---|---|---|---|
| No | | M | |

| INJURY AT WORK [Specify Yes or No] (26e) | PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] (26f) | LOCATION (26g) STREET OR R.F.D. NO. | CITY OR TOWN | STATE |
|---|---|---|---|---|
| NO | | | | |

**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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, ~~Deputy~~ Registrar

Date FEB 14 1985

VOID IF ALTERED

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

cert 5.00

Return to
Helen O. Beckius
1526 Etna St.
K. Falls, OR.

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 26th day of February A.D., 19 85 at 1:32 o'clock P M, and duly recorded in Vol M85, of Deeds on page 2888.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy