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

Vol. M85 Page 5852

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DECEASED—NAME First Middle Last PRISCILLA P. TUBACH		State File Number	
RACE White Black American Indian etc. (Specify)		SEX 3 Female	AGE—Last birthday (years) 5a 77
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b 3015 Patterson Street	DATE OF DEATH (month, day, year) 2 April 15, 1985
STATE OF BIRTH (If not in U.S.A. name country) 8 Nebraska		CITIZEN OF WHAT COUNTRY 9 U.S.A.	DATE OF BIRTH (month, day, year) 6 September 14, 1907
SOCIAL SECURITY NUMBER 14 541-52-6227		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed	IF HOSP. OR INST. Indicate DOA OP: Emerg., Am., Inpatient (Specify) 7c Inpatient
RESIDENCE—STATE 15a Oregon		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Housewife	COUNTY OF DEATH 7d Klamath
COUNTY 15b Klamath		KIND OF BUSINESS OR INDUSTRY 14b Homemaking	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
CITY, TOWN, OR LOCATION 15c Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 15d 3015 Patterson Street	INSIDE CITY LIMITS (Specify Yes or No) 15e NO
FATHER—NAME First middle last 16 Homer Watkins		MOTHER—NAME First middle last (Maiden Name) 17 Lena Hoffman	INFORMANT—NAME and relationship to deceased 18 Martha A. Beebe, daughter
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) 19a Burial		CEMETERY OR CREMATORY NAME 19b Klamath Memorial Park	LOCATION City or town State 19c Klamath Falls, Oregon 976
FUNERAL SERVICE LICENSES Or person Acting As S. 20a William J. Davenport		NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Davenport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97603-7194	DATE SIGNED (Mo. Day Yr.) 21b April 15, 1985
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21a Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601		HOUR OF DEATH 21c 1:45 A M	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d			
DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) 22a APR 15 1985		REGISTRAR 22b (Signature) M. Ackerman	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) DUE TO, OR AS A CONSEQUENCE OF Cardio-Resp Failure		Interval between onset and death Terminal	
(b) DUE TO, OR AS A CONSEQUENCE OF MI		Interval between onset and death Known 1 Mon	
(c) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of Breast		Interval between onset and death 15 Mon's	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No) 26a No	DATE OF INJURY (Mo. Day Yr.) 26b	HOUR OF INJURY 26c	AUTOPSY (Specify Yes or No) 24 No
INJURY AT WORK (Specify Yes or No) 26e No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

452 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 APR 15 1985

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 23rd day of April A.D., 1985 at 11:23 o'clock A M, and duly recorded in Vol M85, of Deeds, on page 5852.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: (Signature) Deputy

Ret.
Martha A. Beebe
1323 Melrose Ave
McMinnville Ore
97128
508 cc