48168 '85 APR 26 PM 2 11

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

Vol. M85 Page 6090

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 153

CERTIFICATE OF DEATH

State File Number:

DECEDENT

1. DECEASED—NAME (First, Middle, Last): JESSIE BENBOW MASSEY
2. DATE OF DEATH (month, day, year): April 20, 1985
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 91
5b. Under 1 year (mos, days):
5c. Under 1 day (hours, min):
6. DATE OF BIRTH (month, day, year): April 21, 1893
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): George
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 571-05-0327
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: 1920 Arthur # 2 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME (first, middle, last): Arthur E. Benbow
17. MOTHER—first, middle, last (Maiden Name): Martha E. Beers
18. INFORMANT—NAME and relationship to deceased: Clare Inks - Daughter

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Haven of Rest Maus.
19c. LOCATION (city or town, state): Klamath Falls, Ore
20a. FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): James K. [signature]
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Oregon

CERTIFIER (To be Completed by CERTIFYING PHYSICIAN Only)

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature): Kenneth K. Magee [signature]
21b. DATE SIGNED (Mo. Day, Yr.): 4-22-85
21c. HOUR OF DEATH: 3:15 P. M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD 905 Main St. Klamath Falls, Ore.
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): APR 23 1985
22b. REGISTRAR (Signature): [signature]

CAUSE OF DEATH (Conditions, if any, which gave rise to immediate cause, stating the underlying cause last)

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

PART I	Cause	Interval between onset and death
(a)	Cardio-respiratory arrest	minutes
(b) DUE TO, OR AS A CONSEQUENCE OF:	Severe Debility	Weeks
(c) DUE TO, OR AS A CONSEQUENCE OF:	Myelogenous Leukemia (Chronic → acute)	months

PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Thalassemia minor
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: M
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

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 24 1985
VOID IF ALTERED

(SEAL) KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

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

Clare J. Inks
Bx 284
Keno, OR 97627
Cash

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 April A.D., 19 85 at 2:11 o'clock P M, and duly recorded in Vol M85, of Deeds on page 6090.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: [signature], Deputy