

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

#76-012701

292
Local File Number

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last HELENE WOODY HOWARD		State File Number #76-012701	
1. RACE White, Negro, American Indian, etc. (specify) White		2. DATE OF DEATH (month, day, year) August 22, 1976	
3. SEX Female		4. DATE OF BIRTH (month, day, year) October 20, 1918	
5. COUNTY OF DEATH Klamath		6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
7a. STATE OF BIRTH (if not in U.S.A., name country) Kansas		7b. Klamath Falls	
8. SOCIAL SECURITY NUMBER		9. CITIZEN OF WHAT COUNTRY USA	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11. NAME OF SPOUSE John R. Howard	
12. RESIDENCE—STATE Oregon		13. KIND OF BUSINESS OR INDUSTRY Medical	
14a. FATHER—NAME first middle last Worth W. Woody, Sr.		14b. Klamath	
14c. Klamath Falls		14d. Yes	
15. MOTHER—Maiden Name first middle last Agnes Cameron		16. STREET AND NUMBER OR R.F.D. 2040 Lawrence St.	
17. John R. Howard - Husband		18. Informant—NAME and relationship to deceased	
PART I. DEATH WAS CAUSED BY: (a) METASTATIC CARCINOMA OF BREAST (b) due to, or as a consequence of: (c) due to, or as a consequence of: 12 months			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a, b, and c)			
19a. ACCIDENT (specify yes or no) No		19b. DATE OF INJURY (month, day, year) 8-15-67	
20a. INJURY AT WORK (specify yes or no) No		20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20c. HOUR M. 20d. LOCATION (street or R.F.D. No., city or town, county, state) 20e. And Last Saw Him/Her Alive on: month day year 8-20-76	
21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 8-15-67 to 8-23-76		22. DEATH OCCURRED (hour) 4:40 A.M.	
23. PHYSICIAN—SIGNATURE Everett E. Howard		24. NAME (type or print) Everett E. Howard	
25. MAILING ADDRESS—PHYSICIAN 2622 Campus Drive - Klamath Falls, Oregon 97601		26. DATE SIGNED (month, day, year) AUG 24, '76	
27. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		28. CEMETERY OR CREMATORY—NAME Eternal Hills	
29. FUNERAL DIRECTOR—SIGNATURE James K. D. [Signature]		30. LOCATION Klamath Falls, Oregon	
31. REGISTRAR—SIGNATURE Marian [Signature]		32. FUNERAL HOME—NAME AND ADDRESS WARD'S - 1945 Main St. - Klamath Falls, Oregon 97601	
33. RESERVED FOR REGISTRAR'S USE		34. DATE RECEIVED BY LOCAL REGISTRAR AUG 21 1976	
		35. DATE RECEIVED BY STATE REGISTRAR SEP 27 1976	

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED SEPTEMBER 27 1976

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 5th day of June A.D., 1985 at 3:57 o'clock P.M., and duly recorded in Vol. 185 of Deeds on page 3361.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: [Signature], Deputy

Return: John Howard 724 Main St., Rm. #203, Williams Building, Klamath Falls, Ore. 97601