52573 '85 AUG 21 PM 3 32

Vol. M85 Page 13680

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

340 Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: LOUISE; Middle: JOSEPHINE; Last: ROBERTS

2 DATE OF DEATH (month, day, year): August 23, 1985

3 RACE (White, Black, American Indian, etc. (Specify)): White

4 SEX: Female

5a AGE—Last Birthday (years): 55

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 28, 1930

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 6981 Round Lake Rd.

7c IF HOSP OR INST: Indicate DOA, OP, Emer., Rm., Inpatient (Specify)

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): Married

11 SPOUSE (IF MARRIED, WIDOWED): Alva G. Roberts

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

13 SOCIAL SECURITY NUMBER: 565-30-7846

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Sales Clerk

14b KIND OF BUSINESS OR INDUSTRY: Department Store

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 6981 Round Lake Rd. 97601

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

16 FATHER—NAME first middle last: Victor - Borri

17 MOTHER—first middle last (Maiden Name): Ruby - Yancy

18 INFORMANT—NAME and relationship to deceased: Annita L. Noonan, Daughter

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Klamath Cremation Service

19c LOCATION City or town, state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

CERTIFIER

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]: [signature] M.D.

21b DATE SIGNED (Mo., Day, Yr.): 8-23-85

21c HOUR OF DEATH: 12:30 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Dave Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): AUG 26 1985

22b REGISTRAR [Signature]: Katherine E. Coombs

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I

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

(a) Hydronephroma — Interval between onset and death: 4 Mos

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

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)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

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. 12-83

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 Katherine E. Coombs *Deputy Registrar*

Date Aug 26 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____

of August A.D., 19 85 at 3:32 o'clock P M., and duly recorded in Vol. M85, the 27th day of Deeds on Page 13680.

FEE $5.00

Evelyn Biehn, County Clerk

By Pam Smith

Ret: Annita Noonan 6981 Round Lake Rd., Klamath Falls, Ore. 97601