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

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

Local File Number: 430

CERTIFICATE OF DEATH

State File Number:

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Blanche M. MONTGOMERY
2. DATE OF DEATH (month, day, year): October 18, 1985
3. RACE (White, Black, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 77
5b. Under 1 year (mos, days):
5c. Under 1 day (hours, min):
6. DATE OF BIRTH (month, day, year): October 23, 1908
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mtn. View Care 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): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Theodore R.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO
13. SOCIAL SECURITY NUMBER: 541-14-2379
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): School Teacher
14b. KIND OF BUSINESS OR INDUSTRY: Education
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 6345 Maryland 97603
15e. Inside City Limits (specify yes or no): NO
16. FATHER—NAME (first, middle, last): C. L. Miller
17. MOTHER—(first, middle, last (Maiden Name)): Nettie - Arey
18. INFORMANT—NAME and relationship to deceased: Theodora L. Romtvedt, daughter

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
19c. LOCATION (City or town, State): Klamath Falls, Oregon9'
20a. FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): William F. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-719[illegible]

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): Raymond Tice MD
21b. DATE SIGNED (Mo. Day, Yr.): October 21, 1985
21c. HOUR OF DEATH: 7:25 P. M.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Raymond Tice, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97[illegible]
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): OCT 22 1985
22b. REGISTRAR (Signature): Katherine E. Cravens

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)	Carcinomatosis Colon	2 years
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

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): 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): 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. 12-8[illegible]

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 Oct 22, 1985

VOID IF ALTERED

[SEAL] DEPARTMENT OF HEALTH SERVICES KLAMATH COUNTY

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

Ret: Teddy Romtvedt, 6259 Maryland, KFO. 5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ of October A.D., 19 85 at 1:39 o'clock P M., and duly recorded in Vol. M85 the 23rd day of Deeds on Page 17246

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith