

DECEASED - NAME MILDRED KATHERINE BENNER		DATE OF DEATH (month, day, year) January 01, 1986	
RACE (Specify) White	SEX Female	AGE - Last birthday (years) 82	DATE OF BIRTH (month, day, year) March 14, 1903
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 3831 Hope Street	
STATE OF BIRTH (If not in U.S.A. name country) Oregon	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	SPOUSE (IF MARRIED, WIDOWED) E.E. Jack
SOCIAL SECURITY NUMBER 541 - 16 - 4863		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Printer Operator / Ret.	
RESIDENCE - STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 769 California 97601
FATHER - NAME Louie Biehn		MOTHER - NAME Ada Alice Copeland	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		CEMETERY OR CREMATORY - NAME Klamath Memorial Park	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Ore. 97601	
21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo, Day, Yr) 1/6/85	
21b NAME AND ADDRESS OF CERTIFIER (Type or Print) David Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Ore. 97601		HOUR OF DEATH 5:30 P	
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo, Day, Yr) JAN 8 1986		REGISTRAR <i>[Signature]</i>	
PART I (a) IMMEDIATE CAUSE CVA			
(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease			
(c) DUE TO, OR AS A CONSEQUENCE OF: Insuff.			
PART II OTHER SIGNIFICANT CONDITIONS - Condition's contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Mo, Day, Yr) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify) 26e	LOCATION 26f	STREET OR R.F.D. NO 26g
CITY OR TOWN 26h			
STATE 26i			

ORIGINAL-VITAL STATISTICS COPY

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 **Jan 8 1986**

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 **April** A.D., 19 **86** at **4:14** o'clock **P** M., and duly recorded in Vol. **M86** day **21st**
of **Deeds** on Page **6788**
FEE **\$5.00**
Return: **William P. Brandness** County Clerk
By *[Signature]*
411 Pine Street, Klamath Falls, Oregon 97601