

**OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION**

60696

Vol. M86 Page 7078

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

85-007076

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STANDING UNDERLYING CAUSE LAST

CAUSE OF DEATH

1 DECEASED—NAME		First Middle Last		State File Number	
1 BEULAH		MARGARET		KLOIBER	
2 PLACE White Black American Indian etc. (Specify)		3 SEX Female		4 AGE—Last birthday (years) 73	
5 DATE OF DEATH (month day year) April 4, 1985		6 DATE OF BIRTH (month day year) January 3, 1912		7 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	
8 STATE OF BIRTH (If not in U.S. A. name country) Nebraska		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
11 SOCIAL SECURITY NUMBER 543-70-0298		12 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		13 SPOUSE (IF MARRIED, WIDOWED) John	
14 RESIDENCE—STATE Oregon		15 COUNTY Klamath		16 CITY, TOWN, OR LOCATION Klamath Falls	
17 FATHER—NAME Walter C. Nelson		18 MOTHER—NAME Anna Anderson		19 STREET AND NUMBER OR R.F.D., ZIP 1112 Applewood 97601	
20 BURIAL, CREMATION, REMOVAL, MAUL (Specify) Burial		21 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		22 LOCATION Klamath Falls, Oregon	
23 FUNERAL SERVICE LICENSEE OR Person Acting As Such Sun Lancaster		24 NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Oregon		25 INFORMANT—NAME and relationship to deceased John Kloiber - Spouse	
26 DATE SIGNED (Month Day Year) 4-9-85		27 HOUR OF DEATH 10:00 A.		28 DATE RECEIVED BY REGISTRAR (Month Day Year) APR 11 1985	
29 NAME AND ADDRESS OF CERTIFIER Kenneth L. Tuttle, MD 2680 "C" Uhrmann Rd. Klamath Falls, Ore.		30 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
32 CAUSE OF DEATH (a) metastatic adenocarcinoma of the rectum		33 INTERVAL BETWEEN ONSET AND DEATH 1 yr.		34 CAUSE OF DEATH (b) DUE TO, OR AS A CONSEQUENCE OF	
35 CAUSE OF DEATH (c) DUE TO, OR AS A CONSEQUENCE OF		36 INTERVAL BETWEEN ONSET AND DEATH		37 OTHER SIGNIFICANT CONDITIONS —Conditions contributing to death but not related to cause given in PART I (a)	
38 ACCIDENT (Specify Yes or No) No		39 DATE OF INJURY (Month Day Year)		40 HOUR OF INJURY	
41 INJURY AT WORK (Specify Yes or No) No		42 PLACE OF INJURY —At home farm street factory office building, etc. (Specify)		43 LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE	

ORIGINAL—VITAL STATISTICS COPY

45 2 REV 12/81

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED APR 21 1986

JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of April A.D., 19 86 at 11:25 o'clock A M., and duly recorded in Vol. M86 day of Deeds on Page 7078

FEE \$5.00

Ret: John Kloiber

Evelyn Biehn, County Clerk

By

1112 Applewood, Klamath Falls, Oregon 97601