CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

MTC 16532

62403

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86 JUN 10 AM 11 00

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Local File Number: 412

State File Number: 83-019241

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

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DECEDENT

1. Decedent—Name (First, Middle, Last): ALICE I. PATE
2. Date of Death (month, day, year): November 12, 1983
3. Race (White, Black, American Indian, etc.) (specify): White
4. Sex: Female
5a. Age—Last birthday (years): 63
6. Date of Birth (month, day, year): June 22, 1920
7a. City, Town or Location of Death: Klamath Falls
7b. Hospital or Other Institution—Name: Merle West Medical 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): Kansas
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (specify): Married
11. Spouse (if married, widowed): Edward Pate
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No): No
13. Social Security Number: 442-09-0548
14a. Usual Occupation (give kind of work done during most of working life, even if retired): Bookkeeper
14b. Kind of Business or Industry: Government: State of California
15a. Residence—State: Oregon
15b. County: Klamath
15c. City, Town, or Location: Klamath Falls
15d. Street and Number or R.F.D., Zip: 1806 Kimberly Dr. 97603
15e. Inside City Limits (specify yes or no): No
16. Father—Name (first, middle, last): Harry - Fuller
17. Mother—Maiden Name (first, middle, last): Goldie - Riffle
18. Informant—Name and relationship to deceased: Edward Pate, Husband

DISPOSITION

19a. Burial, Cremation, Removal, Other (specify): Burial/Removal
19b. Cemetery or Crematory—Name: Alturas Cemetery
19c. Location (City or town, State): Alturas, California
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]
21b. Date Signed (Mo, Day, Yr): 11-16-83
21c. Hour of Death: 10:30 P.M.
21d. Name and Address of Certifier (Type or Print): George B. Peden, M.D., 2850 Daggett St., Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier (Type or Print):
22a. Date Received by Registrar (Mo, Day, Yr): NOV 16 1983
22b. Registrar (Signature): [signature]

CAUSE OF DEATH

23. Part I. Immediate Cause (Enter only one cause per line for (a), (b), and (c)):
(a) Post operative complications
Due to, or as a consequence of:
(b) Carcinoma of Stomach
Due to, or as a consequence of:
(c)

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):
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):
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):

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After Recording Return to:
Mr Edward Pate
P.O Box 712
Toledo, Oregon 97391

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 JUN 04 1986

[signature]
JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 10th day of June A.D., 19 86 at 11:00 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 10074.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00