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

CERTIFICATE OF DEATH

ID TAG NO. 294 — Local File Number — State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First Grace; Middle T.; Last MOLDE

2 DATE OF DEATH (month, day, year): August 1, 1987

3 RACE (White, Black, American Indian, etc) (specify): White

4 SEX: Femal e

5a AGE — Last Birthday (years): 66

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): March 20, 1921

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 4433 Memorie Lane

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): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Chris

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 504-28-5303

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14b KIND OF BUSINESS OR INDUSTRY: Homemaking

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4438 Memorie Lane (POB1274) ZIP: 97603

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

16 FATHER — NAME first middle last: Thomas - Miller

17 MOTHER — first middle last (Maiden Name): Eva - Pollock

18 INFORMANT — NAME and relationship to deceased: Chris H. Molde, husband

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, Oregon9760

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 97603-7194

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): E M LeVernois MD

21b DATE SIGNED (Mo., Day, Year): August 3, 1987

21c HOUR OF DEATH: 11:00 PM

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon ZIP: 97601

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

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): AUG 4 1987

22b REGISTRAR (Signature): Michelle Batliff

CAUSE OF DEATH

PART I — (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

23 IMMEDIATE CAUSE (a): Cardio-Resp Failure — Interval between onset and death: Terminal

DUE TO, OR AS A CONSEQUENCE OF (b): Pt Exhausted of Panc. — Interval between onset and death: 1 yr.

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): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year):

26c HOUR OF INJURY:

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:

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

45-2 Rev. 6-85

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Michelle Batliff, Deputy Registrar

Date AUG 4 1987

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Chris H. Molde the 10th day of August A.D., 19 87 at 11:41 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 14285.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00

Return: Chris Molde P. O. Box 1274, Klamath Falls, Oregon 97601