CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

85969

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

85-020694

488 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK 67

DECEDENT

1. DECEASED — First: RUBY; Middle: LOUISE; Last: JESPERSEN
2. DATE OF DEATH (month, day, year): November 15, 1985
3. RACE: White
4. SEX: Female
5. AGE (Last Birthday): 63
5a. Under 1 year — Months / Days
5b. Under 1 Day — Hours / Minutes
6. DATE OF BIRTH (month, day, year): February 18, 1922
7. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7a. HOSPITAL OR OTHER INSTITUTION — NAME (If not in hospital, give street and number): 1438 Tamara Drive
7b. If Hospital or Nursing Home, was Decedent admitted from Emergency Room or as an Inpatient? (Specify)
7c. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If married, widowed or divorced) — First, Middle, Last (Maiden Name): Lawrence C.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 560 - 22 - 1478
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 9476 Housewife
14a. KIND OF BUSINESS OR INDUSTRY: At Home
15. RESIDENCE — STATE: Oregon
15a. COUNTY: Klamath
15b. CITY, TOWN OR LOCATION: Klamath Falls
15c. STREET AND NUMBER OR R.F.D., ZIP: 1438 Tamara Drive 97603
15d. Inside City Limits? (Specify yes or no): No
16. FATHER — First, Middle, Last (Maiden Name): Fredrick Luther
17. MOTHER — First, Middle, Last (Maiden Name): Katherine Lapp
18. INFORMANT — NAME and relationship to deceased: Lawrence Jespersen - Hus

DISPOSITION

19. METHOD OF DISPOSITION: Burial
19a. CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
19b. LOCATION (City or Town, State): Klamath Falls, Ore
20. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature and Address): Thomas Ward
20a. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. 97601

CERTIFIER

21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. DATE SIGNED (Mo., Day, Yr.): 11/15/85
21b. HOUR OF DEATH: 5:45 A M
21c. Signature: F. Marx
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, MD / 2614 Clover / Klamath Falls, Oregon / 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
22. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): NOV 20 1985
22a. REGISTRAR (Signature)

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I. (a) Probable Cerebral Embolus — Interval between onset and death: instantaneous
DUE TO OR AS A CONSEQUENCE OF: (b) Mitral Valve disease — Interval between onset and death: 20yrs.
DUE TO OR AS A CONSEQUENCE OF: (c) Rheumatic Heart disease — Interval between onset and death: 30-40yrs
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): Yes

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26. ACCIDENT (Specify Yes or No): No
26a. DATE OF INJURY (Mo., Day, Yr.)
26b. HOUR OF INJURY
26c. DESCRIBE HOW INJURY OCCURRED
26d. INJURY AT WORK (Specify Yes or No)
26e. PLACE OF INJURY — (e.g., Home, Street, Factory, Office Building, etc.) (Specify)
26f. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

'88 APR 7 AM 8 47

RETURN: Mary Shuck
Rt. 1, Box 2A
Tulelake, CA 96135

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 04 1988

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 7th day of April A.D., 19 88 at 8:47 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 4945.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha A. Letsch