STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M88 Page 6198

86507
285
Local File Number

MTC-19210 D

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: 1 First: Cecil; Middle: A.; Last: Low

DATE OF DEATH (month, day, year): 2 August 20, 1979

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

SEX: 4 Male

AGE—Last birthday (years): 5a 79

Under 1 year: mos. 5b; days

Under 1 day: hours 5c; min.

DATE OF BIRTH (month, day, year): 6 April 30, 1900

COUNTY OF DEATH: 7a Klamath

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

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7c Klamath Co. Nursing Home

IF HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient (Specify): 7d Inpatient

STATE OF BIRTH (If not in U.S.A., name country): 8 Oregon

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

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

SPOUSE (IF MARRIED, WIDOWED): 11 Gladys V. Low

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 Yes

SOCIAL SECURITY NUMBER: 13 007-27-4945

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Railroad Conductor

KIND OF BUSINESS OR INDUSTRY: 14b Railroad

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 3141 Laverne St. 97601

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

FATHER—NAME first middle last: 16 Henry Low

MOTHER—Maiden Name first middle last: 17 Stella Rylanda

INFORMANT—NAME and relationship to deceased: 18 Gladys V. Low, Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Cremation

CEMETERY OR CREMATORY—NAME: 19b Eternal Hills Crematory

LOCATION city or town state: 19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: 20a Blake Berven

NAME AND ADDRESS OF FACILITY: 20b Blair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601

DATE SIGNED [Mo., Day, Yr.]: 21b August 21, 1979

HOUR OF DEATH: 21c 9:15 A. M

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] Blake Berven M.D.

CERTIFIER — NAME AND TITLE (Type or print)

MAILING ADDRESS (Street, city or town, state, zip): Medical Dentl. Bld., Klamath Falls, Oregon 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a AUG 2 1 1979

REGISTRAR: 22b [Signature] JoAnne Pratt

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

23 IMMEDIATE CAUSE (a): Pneumonia — Interval between onset and death: 24 hrs

DUE TO, OR AS A CONSEQUENCE OF (b): Metastatic small cell pulmonary carcinoma — Interval between onset and death: 1 yr

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): Some COPD

AUTOPSY [Specify Yes or No]: 24 No

WAS CASE REFERRED TO MEDICAL EXAMINER: 25 [Specify Yes or No] No

ACCIDENT [Specify Yes or No]: 26a

DATE OF INJURY [Mo, Day, Yr]: 26b

HOUR OF INJURY: 26c M

DESCRIBE HOW INJURY OCCURRED: 26d

INJURY AT WORK [Specify Yes or No]: 26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc [Specify]: 26f

LOCATION: 26g

STREET OR R.F.D NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-(5412

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 JoAnne Pratt, Deputy Registrar

Date AUG 2 3 1979

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

RETURN: MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 20th day of April A.D., 19 88 at 9:39 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 6198.

Evelyn Biehn County Clerk
By Dorretha A. Fetsch

FEE $5.00