CERTIFICATION OF VITAL RECORD

MTC-3 0732K

95181

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol M88 Page 21729

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

84-018798

Local File Number: 402

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

1. DECEASED—NAME: First: CLARA; Middle: M.; Last: KEELER
2. DATE OF DEATH (month, day, year): October 31, 1984
3. RACE (White, Black, American Indian, etc. (Specify)): White
4. SEX: Female
5a. AGE—Last Birthday (years): 79
5b. Under 1 year: months / 5c. Under 1 day: hours / minutes
6. DATE OF BIRTH (month, day, year): August 29, 1905
7a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7c. If Hosp or Inst Inpatient DOA Emer. Rm. Inpatient (Specify)
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Wisconsin
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If married, widowed): Virgil R. Keeler
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 527-34-1028
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., ZIP: 534 Richmond 97601
15e. Inside City Limits (Specify yes or no): Yes
16. FATHER—NAME (First, middle, last): Ferdinand Henry Geitz
17. MOTHER—NAME (First, middle, last, (Maiden Name)): Anna - Rider
18. INFORMANT—NAME and relationship to deceased: Virgil R. Keeler, 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, Oregon97603
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, Oregon97603-7194

CERTIFIER

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature): Kenneth L Tuttle MD
21b. DATE SIGNED (Mo., Day, Yr.): October 31, 1984
21c. HOUR OF DEATH: 1:30 AM
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth L. Tuttle, MD, 2680 Uhrmann Road, 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 1 1984
22b. REGISTRAR (Signature): Katherine E Cravinho

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Metastatic breast cancer — Interval between onset and death: 3 YEARS
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
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, Yr.)
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

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

DEC 21 PM 2 59

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.

DEC 15 1988
DATE ISSUED

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

RETURN: MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 21st day of Dec. A.D., 19 88 at 2:59 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 21729.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00