4181

Vol. M89 Page 15582

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

CERTIFICATE OF DEATH

Local File Number: 465 | State File Number:

1 DECEDENT—NAME: First: GLENOLA	Middle: P.	Last: WEBER	2 DATE OF DEATH (month, day, year): December 15, 1984		
3 RACE (White, Black, American Indian, etc. Specify): White	4 SEX: Female	5a AGE—Last birthday (years): 67	Under 1 year: 5b mos / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): February 13, 1917
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 4740 Laverne Avenue		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): California	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): George C. Weber		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13 SOCIAL SECURITY NUMBER: 563-36-2344	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: 4740 Laverne Avenue 97603		15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Don Edwin Pratt	17 MOTHER—first middle last (Maiden Name): Emma Marie Sandman		18 INFORMANT—NAME and relationship to deceased: George C. Weber, husband		
19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Cremation	19b CEMETERY OR CREMATORY NAME: Eternal Hills Crematory		19c LOCATION city or town, state: Klamath Falls, Oregon 97603		
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				
21a To the 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. [Signature]: Blake D. Berven	21b DATE SIGNED [Mo., Day, Yr.]: December 17, 1984	21c HOUR OF DEATH: 8:15 P.M.			
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 17 1984	22b REGISTRAR [Signature]: Katherine E. Cravens				

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

		Interval between onset and death
(a)	Respiratory Failure	10 min
DUE TO, OR AS A CONSEQUENCE OF: (b)	Metastatic Large cell carcinoma of lung	3 months
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]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No	No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
No			

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
No				

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 Katherine E. Cravens Deputy Registrar

Date DEC 17 1984

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of D. L. Hoots the 21st day of Aug. A.D., 19 89 at 4:52 o'clock PM., and duly recorded in Vol. M89, of Deeds on Page 15587.

Evelyn Biehn -County Clerk

By Darlene Mullendore

FEE $8.00

Return: D. L. Hoots
2261 S. 6th, Klamath Falls, Or. 97601

89 AUG 21 PM 4:52