

1. I.D. TAG NO. **408**

2. SEX **F**

3. DATE OF DEATH (Month, Day, Year) **Sept. 16, 1989**

4. SOCIAL SECURITY NUMBER **54178/1183**

5. AGE - Last Birthday (Years) **98**

6. BIRTHPLACE (City and State or Foreign Country) **Lafayette Co., In.**

7. DATE OF BIRTH (Month, Day, Year) **Sept. 21, 1890**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?  Yes  No

9. PLACE OF DEATH (Check only one)  
 Nursing Home  Decedent's Home  Other (Specify)  
 Hospital:  Inpatient  ER/Outpatient  DOA

10. FACILITY NAME (if not institution, give street and number) **West Care Home**

11. MARITAL STATUS - **Widowed**

12. SPOUSE (If Married, Widowed, Divorced (Specify)) **Roy C.**

13. RESIDENCE - STATE **Oregon**

13a. COUNTY **Klamath**

13b. CITY, TOWN, OR LOCATION **Klamath Falls**

13c. STREET AND NUMBER **1902 Riverside Drive**

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)  No  Yes

15. RACE **White**

16. DECEDENT'S EDUCATION (Specify only highest grade completed)  
 Elementary/Secondary (0-12) **3** College (14 or 5+)

17. FATHER - NAME first middle last **Jesse Nath. Reppert**

18. MOTHER - NAME first middle maiden **Iva Alice Burns**

19. INFORMANT - Name and relationship to decedent **Freda Stone / Daughter**

20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Eternal Hills Memorial Gardens**

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]*

22. NAME, ADDRESS AND ZIP OF FACILITY **Ward's Klamath Funeral Home  
1945 Main Street  
Klamath Falls, Ore. / 97601**

23. DATE FILED (Month, Day, Year) **SEP 19 1989**

24. REGISTRAR'S SIGNATURE *[Signature]*

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

26. WAS GIFT MADE?  YES  NO  N/A

27. TIME OF DEATH **0430**

28. WAS MEDICAL EXAMINER NOTIFIED?  Yes  No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.  
(Signature) *[Signature]*

30. DATE SIGNED (Month, Day, Year) **9/18/89**

31. TIME OF DEATH **M**

32. DATE PRONOUNCED DEAD (Month, Day, Year, hour) **M**

33. DATE SIGNED (Month, Day, Year)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) **Barbara Gilbertson, MD / 1905 Main St. / Klamath Falls, Oregon / 97601**

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I (a) **Dementia - Chronic**

(b) **Severe peripheral vascular disease**

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death?  Yes  No  Probably  No

38. AUTOPSY  Yes  No

39. YES were findings considered in determining cause of death?  Yes  No  N/A

40. MANNER OF DEATH  
 Natural  Pending Investigation  
 Accident  Undetermined Manner  
 Suicide  Homicide  Legal Intention

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY **M**

41c. INJURY AT WORK?  Yes  No

41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41e. DESCRIBE HOW INJURY OCCURRED

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

ORIGINAL - VITAL STATISTICS COPY  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

*Donna A. Verling*  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

DATE ISSUED **SEP 19 1989**  
After recording return to:  
**Freda Stone, 220 N. 4th, Apt. 6, Klamath Falls, OR 97601**



MOUNTAIN TITLE COMPANY, *It* has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:  
Mountain Title Co.  
on this 20th day of Sept. A.D. 1989  
at 12:45 o'clock P.M. and duly recorded  
in Vol. M89 of Deeds Page 17710  
Evelyn Biehn  
County Clerk  
By *[Signature]* Deputy.

Fee, \$8.00