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OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

426 — Local File Number

CERTIFICATE OF DEATH

'75-005780 — State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): Frances Marianne Babcock
2. DATE OF DEATH (month, day, year): April 1, 1975
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 60
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): May 4, 1914
7a. COUNTY OF DEATH: Lane
7b. CITY, TOWN, OR LOCATION OF DEATH: Eugene
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Sacred Heart Hospital
8. STATE OF BIRTH (if not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: United States
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: William A. Babcock
12. SOCIAL SECURITY NUMBER: 519-05-8150
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Homemaking
Usual residence where deceased lived. If death occurred in institution, give residence before admission.
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Lane
14c. CITY, TOWN, OR LOCATION: Springfield
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 2148 N. 17th Street
15. FATHER—NAME (first, middle, last): Ray Gunsenhouser
16. MOTHER—Maiden Name (first, middle, last): Beulah Hart
17. INFORMANT—NAME and relationship to deceased: William A. Babcock (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause (a): Pul failure — 3-mo
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(b) due to, or as a consequence of: Pneumococcal Pneumonia
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Chronic obstructive pul disease, cor pulmonale, congestive heart failure, diabetes mellitus, cataracts
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

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20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: AM
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 1968 to 4-1-75 and last saw it on/for: 4-1-75
I Did/Did Not view the body after death (specify):
DEATH OCCURRED (hour): 11:40 pm at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Don Fox MD
22b. NAME (type or print): Donald Fox, degree or Title: MD
22c. DATE SIGNED (month, day, year): 4-7-75
To Dr. 4-3
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 495 Oakway Road, Eugene, Oregon 97401

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUSE (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Lane Crematorium
24c. LOCATION (city or town, state): Eugene, Oregon
24d. DATE (mo., day, year): April 2, 1975
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Buell Chapel 320 N. Sixth Street Springfield, Oregon 97477
26a. REGISTRAR—SIGNATURE: Leon A. Hull Logistic Agent
26b. DATE RECEIVED BY LOCAL REGISTRAR: April 11, 1975
27. DATE RECEIVED BY STATE REGISTRAR: APR 21 1975
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28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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 FEB 02 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 27th day of Feb. A.D., 19 90 at 3:40 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 3741.

Evelyn Biehn, County Clerk

By Jeanine Mullendore

FEE $8.00

Return: A.T.C.

FEB 27 PM 3:40