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Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK REGARDING COMPLETION OF DECEDENT ITEMS

1. DECEASED - NAME: First: MARIE; Middle: JEANNE; Last: IVIE
2. DATE OF DEATH (month, day, year): March 30, 1985
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Female
5a. AGE - Last Birthday (years): 45
5b. Under 1 year (mos. / days)
5c. Under 1 day (hours / min.)
6. DATE OF BIRTH (month, day, year): September 6, 1939
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 3500 Summers Lane, Space #30
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): Louisiana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): James R. Ivie
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 542-44-3594
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Realtor
14b. KIND OF BUSINESS OR INDUSTRY: Residental & Land Sales
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 3500 Summers Lane, Space #30 97603
15e. Inside City Limits (Specify yes or no): No
16. FATHER - NAME (first, middle, last): Newman - Pierre
17. MOTHER - NAME (first, middle, last, (Maiden Name)): Elva - Noreau
18. INFORMANT - NAME and relationship to deceased: James R. Ivie, husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial
19b. CEMETERY OR CREMATORY - NAME: Eternal Hills Memorial Gardens
19. LOCATION (city or town, state): Klamath Falls, Oregon97
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 St., Klamath Falls, Oregon 97603-7194

CERTIFIER

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]: Craig A Bennett
21b. DATE SIGNED (Mo., Day, Yr.): April 1, 1985
21c. HOUR OF DEATH: 4:40 A.M.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Craig A. Bennett, MD, 1905 Main St., Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Mark S. Kochevar, MD

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

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 1 1985
22b. REGISTRAR [Signature]: Pauline E. Counts

USE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Metastatic adenocarcinoma of Liver & bowel — Interval between onset and death: 10 mos
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).

26a. ACCIDENT (Specify Yes or No)	26b. DATE OF INJURY (Mo., Day, Yr.)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED	24. AUTOPSY (Specify Yes or No)	25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No		M		No	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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Pauline E. Counts, Deputy Registrar

Date APR 1 1985

VOID IF ALTERED

(SEAL)

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

'91 JAN 24 PM 3 32

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 24th day of Jan. A.D., 19 91 at 3:32 o'clock P.M., and duly recorded in Vol. M91, of Deeds on Page 1564.

FEE $8.00

Evelyn Biehn, County Clerk
By Pauline Mullendore

Return: ATC