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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

I. D. TAG NO. 481 Local File Number

Vital Records Unit

CERTIFICATE OF DEATH

138- State File Number

1. DECEDENT'S NAME: First: Kathryn	Middle: Ann	Last: KETCHAM	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): December 14, 1988	
4. SOCIAL SECURITY NUMBER: 520-24-5460	5a. AGE - Last Birthday (Years): 59	5b. UNDER 1 YEAR: Mos. / Days	5c. UNDER 1 DAY: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Rock Springs, Wyo	7. DATE OF BIRTH (Month, Day, Year): April 20, 1929

DECEDENT

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

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☒ Decedent's Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
7655 Lost River Road	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Homemaker	at home	Married	Alvin Ketcham

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	7655 Lost River Road

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
☐ Yes ☐ No	97603	☒ No ☐ Yes Specify:	White	Elementary/Secondary (0-12):	College (1-4 or 5+): 3

PARENTS

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Paul George Ketcham	Mae Catherine Ralph	Alvin Ketcham - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Eternal Hills Memorial Gardens	Klamath Falls

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
James K. Ward	3409	Ward's / 1945 Main Street Klamath Falls, Or. 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
23. TIME OF DEATH: 0330 M	24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No	27a. TIME OF DEATH M	27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)		28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)	
26. DATE SIGNED (Month, Day, Year): 12/15/88		29. DATE SIGNED (Month, Day, Year)	COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER / MEDICAL EXAMINER (Type or Print): John J. Kleeman, MD 1905 Main St. Klamath Falls, Or. 97601

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

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

CAUSE OF DEATH

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

		Interval between onset and death
PART I (a)	Cancer of colon & metastasis to lung.	
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(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)		

33. AUTOPSY ☐ Yes ☒ No — 34. If YES, were findings considered in determining cause of death? ☐ Yes ☐ No

35. MANNER OF DEATH	36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY M	36c. INJURY AT WORK?	36d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner			☐ Yes ☐ No	
	36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE	38. DATE FILED (Month, Day, Year)
Nancy Kennedy	DEC 19 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	40. WAS GIFT MADE?
☐ YES ☒ NO ☐ N/A	☐ YES ☒ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

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45-2 REV. 1-88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED DEC 20 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Alvin Ketcham the 8th day of Dec. A.D., 19 93 at 3:14 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 32660.

Evelyn Biehn, County Clerk
By Pauline Millsmore

FEE $10.00

Return: Alvin Ketcham, 7655 Lost River Rd.
Klamath Falls, Or. 97603