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AIC # 971790

BLACK INK [] H-09759 [] ORIGIN: DEPARTMENT OF HUMAN RESOURCES
[] 237 [] HEALTH DIVISION
[] 237 [] CENTER FOR HEALTH STATISTICS
[] 237 [] CERTIFICATE OF DEATH [] 136 State File Number

1. DECEASED'S NAME: **Bila** 2. SEX: **Female** 3. DATE OF DEATH (Month, Day, Year): **April 27, 1997**
4. SOCIAL SECURITY NUMBER: **095-24-0320** 5. AGE (Year, Month, Day): **78** 6. BIRTHPLACE (City and State or Foreign Country): **Meadow Bridge, WV** 7. DATE OF BIRTH (Month, Day, Year): **February 10, 1919**
8. ALWAYS LISTED IN U.S. ARMED FORCES? ☒ Yes ☐ No 9. PLACE OF DEATH (Check only one): ☒ Home ☐ Hospital ☐ Nursing Home ☐ Prison ☐ Other (Specify):
10. FACILITY NAME (If not institution, give street and number): **665 N. Alameda** 11. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls** 12. COUNTY OF DEATH: **Klamath**
13. DECEASED'S USUAL OCCUPATION (Specify only if done during most of working life, on day was killed): **Nursing Services Aid** 14. TYPE OF BUSINESS/INDUSTRY: **Medical** 15. MARITAL STATUS - Married ☐ Single ☒ Widowed ☐ Divorced ☐ Separated ☐ Other (Specify):
16. SPOUSE'S NAME (If married, widowed, divorced, separated): **Vincent J. Paul**
17. RESIDENCE - STATE: **Oregon** 18. COUNTY: **Klamath** 19. CITY, TOWN, OR LOCATION: **Klamath Falls** 20. STREET AND NUMBER: **665 N. Alameda**
21. ZIP CODE: **97601** 22. WAS DECEASED A U.S. CITIZEN? ☒ Yes ☐ No 23. RACE (Specify): **White** 24. DECEASED'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (12)** 25. GRADE: **2**
26. FATHER'S NAME (Last, first, middle): **Edward Fox** 27. MOTHER'S NAME (Last, first, middle, maiden): **Edna C. Barr** 28. INFORMANT - NAME and relationship to deceased: **Virginia Lichtenstern-Sister**
29. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Other (Specify): **Other (Specify):** 30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Klamath Cremation Service** 31. NAME, ADDRESS AND ZIP OF FACILITY: **O'Hair's Funeral Chapel**
32. DATE FILED (Month, Day, Year): **APR 30 1997** 33. LICENSE NUMBER (If applicable): **CO-3572** 34. SIGNATURE OF REGISTRAR: **Marlene Blevins**
35. DID THE DECEASED REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL OR TISSUE CONSENT? ☐ YES ☒ NO ☐ N/A 36. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN
37. TIME OF DEATH: **10:45 AM** 38. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
39. To the best of your knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature): **[Signature]** M.D.
40. DATE SIGNED (Month, Day, Year): **APR 30 1997**
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): **John J. Kleeman, M.D. 1005 Main Street, Klamath Falls, Oregon 97601**
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
CONDITIONS IF ANY WHICH COULD PRESENT TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST
43. NAME OF CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode or type, e.g. Cardiac or Respiratory Arrest):
PART (a) **Renal failure** Interval between onset and death: **2 mos.**
PART (b) **Due to, or as a consequence of:** Interval between onset and death:
PART (c) **Due to, or as a consequence of:** Interval between onset and death:
44. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause, given in PART I):
45. MANNER OF DEATH: **COPD/HEP/ASVD/2nd cigarette**
46. DATE OF INJURY (Month, Day, Year): **APR 27 1997** 47. TIME OF INJURY: **M** 48. INJURY AT WORK? ☐ Yes ☒ No
49. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify)): **At home** 50. LOCATION (Street and Number or Rural Route Number, City or Town, State): **665 N. Alameda, Klamath Falls, Oregon**

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: APR 30 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: 55.

Filed for record at request of Aspen Title & Escrow the 12th day
of May, 19 97 at 2:35 o'clock P. M., and duly recorded in Vol. M97
of Deeds on Page 14473

FEE \$10.00

by Bernetha G. Letsch, County Clerk
[Signature]