

CERTIFICATION OF VITAL RECORD

69447

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PERMANENT BLACK INK

253711
ID TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1 DECEASED'S NAME: **Joyce Arlene SMITH** 2 SEX: **Female** 3 DATE OF DEATH (Month, Day, Year): **September 27, 1998**

4 SOCIAL SECURITY NUMBER: **553-60-9173** 5a AGE at Birth (Years): **62** 5b Under 1 Year: **0** 5c Under 1 Day: **0** 6 BIRTHPLACE (City and State or Foreign Country): **Tuscon, AZ** 7 DATE OF BIRTH (Month, Day, Year): **April 6, 1936**

8 WAS DECEASED EXERCISING U.S. ARMED SERVICES? YES NO 9a PLACE OF DEATH (Check one only): HOME HOSPITAL NURSING HOME OTHER (Specify): **Home**

10 FACILITY NAME (If not institution, give street and number): **39429 Bunn Way** 11 CITY, TOWN, OR LOCATION OF DEATH: **Bonanza** 12 COUNTY OF DEATH: **Klamath**

13 DECEASED'S USUAL OCCUPATION: **Housewife** 14a KIND OF BUSINESS/INDUSTRY: **Homemaking** 15 MARITAL STATUS: **Married** 16 SPOUSE (If deceased, give name and date of death): **Tom W. Smith**

17 RESIDENCE STATE: **Oregon** 18a COUNTY: **Klamath** 18b CITY, TOWN, OR LOCATION: **Bonanza** 19 STREET AND NUMBER: **39429 Bunn Way**

20 RACE: **White** 21 DECEASED'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (0-12)**

22 FATHER'S NAME: **Samuel Monroe Heas** 23 MOTHER'S NAME: **Rhoda Marguerite Muach** 24 INFORMANT NAME AND RELATIONSHIP TO DECEASED: **Tom W. Smith, husband**

25 METHOD OF DISPOSITION: Burial Cremation Removal from State Other (Specify): **Pyramid Creations** 26 PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Klamath Falls, OR 97603**

27 SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **William J. Davenport** 28 OREGON LICENSE NO. (If Licensed): **CO-3104** 29 NAME, ADDRESS AND ZIP OF FUNERAL HOME: **Klamath Falls, Oregon 97603-7194**

23 DATE FILED (Month, Day, Year): **SEP 28 1998** 24 REGISTRAR'S SIGNATURE: **Nancy Kennedy**

10 TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: **1700 P.M.** 28 WAS MEDICAL EXAMINER NOTIFIED? YES NO

29 On the basis of my knowledge, death occurred at the time, date, place and cause stated hereon and medical attendants: **R. A. Breitenstein**

30 DATE SIGNED (Month, Day, Year): **September 28, 1998**

31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): **Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601**

32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print):

33 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print):

34 I HEREBY CERTIFY THAT THE DEATH OF THE DECEASED WAS CAUSED BY: **hepatic encephalopathy** (Interval between onset and death: **18 m**)

35 I HEREBY CERTIFY THAT THE DEATH OF THE DECEASED WAS CAUSED BY: **cirrhosis** (Interval between onset and death: **15 yr**)

36 OTHER CAUSE OF DEATH (Specify):

37 Did tobacco use contribute to the death? YES NO UNKNOWN

38 AUTOPSY: YES NO

39 IF YES, WHY? (Specify cause of death):

40 MANNER OF DEATH: Natural Pending Investigation Accident Unintentional Suicide Homicide Legal Intervention Other

41a DATE OF INJURY (Month, Day, Year): 41b TIME OF INJURY: 41c INJURY AT WORK? YES NO

42 DESCRIBE HOW INJURY OCCURRED:

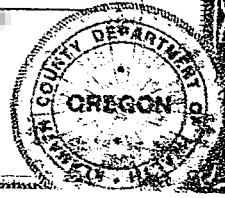
43 PLACE OF INJURY (If by fire, farm, farm, street, factory, office, building, etc. (Specify)):

44 LOCATION (Street and Number or Rural Route Number, City or Town, State):

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

SEP 28 1998

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Tom Smith the 10th day of November A.D., 19 98 at 2:50 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 41131

FEE \$10.00

By Bernetha G. Letsch, County Clerk