

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION 10254

11525

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 286		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First MABLE Middle ANN Last COFFMAN		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 28 28 years		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Ponderosa Nursing Home		D. STREET ADDRESS, RURAL ROUTE, ETC. 3567 Laverne Avenue	
4. DATE OF DEATH Month September Day 29 Year 1966		5. SEX Female	
6. COLOR OR RACE White		7. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. None		9. USUAL OCCUPATION (Kind of work done during most of life) Housewife	
10. KIND OF BUSINESS OR INDUSTRY At home		11. NAME OF SPOUSE	
12. DATE OF BIRTH Month October Day 24 Year 1891		13. AGE LAST BIRTHDAY 74	
14. BIRTHPLACE (State or Foreign Country) Sulphur, Oklahoma		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
16. IF DECEASED WAS A VETERAN. WHAT WAR? No		17. NAME OF FATHER Joseph E. Clay	
18. MAIDEN NAME OF MOTHER Esabelle Stapp		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Thelma Claunch (Daughter)	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Generalized Arteriosclerosis		Interval between Onset and Death (Years, days, hours, etc.) years	
Conditions, if any, which gave rise to above cause (B), stating the underlying cause last: DUE TO (B): DUE TO (C):		21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): Pneumonia		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		26. TIME OF INJURY Month day Year	
27. DESCRIBE HOW INJURY OCCURRED.		28. CERTIFICATE: I certify that I (attended) physically the deceased from on Apr 16 66 to Sept 29 '66 and that the death occurred at 1 P. m. from the causes and on the date stated above. Raymond Tice, M.D. Klamath Falls, Oregon 10/1/66 (Signature) (Title) (Address) (Date Signed)	
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 10/1/66	
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park		30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 10-3-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Klamath Falls, Oregon			

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.

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy
Date October 5, 1966

VOID IF ALTERED

VS-16 2/56

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Thelma Claunch
this 3rd day of November 1966 at 4:20 o'clock P. M., and
duly recorded in Vol. M-66, of Deeds on Page 11525

\$1.50 pd.

By Dorothy Rogers
County Clerk