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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
STATE OF OREGON—STATE BOARD OF HEALTH
(Vital Statistics Section)

VOL M70 PAGE 9385

4/6
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First: Donna	Middle: Lee	Last: Hastings			2. DATE OF DEATH (month, day, year): January 21, 1970	
3. RACE White, Negro, American Indian, etc. (specify): white	4. SEX: female	5a. AGE—Last birthday (years): 47	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.	6. DATE OF BIRTH (month, day, year): December 25, 1922	
7a. COUNTY OF DEATH: Jackson	7b. CITY, TOWN, OR LOCATION OF DEATH: Medford		7c. Inside City Limits (specify yes or no): yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Providence Hospital	
8. STATE OF BIRTH (If not in U.S.A., name country): California	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married			11. NAME OF SPOUSE: Charles M.	
12. SOCIAL SECURITY NUMBER: 570-16-3861	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): housewife				13b. KIND OF BUSINESS OR INDUSTRY: home	
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): yes		14e. STREET AND NUMBER OR R.F.D.: 2003 Carlson	
15. FATHER—NAME first middle last: Don L. Adams	16. MOTHER—Maiden Name first middle last: Louise Haber				17. INFORMANT—NAME and relationship to deceased: Charles M. Hastings-husband	

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

		approximate interval between onset and death
18. immediate cause (a)	Ruptured Intracranial aneurysm	days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)		
due to, or as a consequence of: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): None

19a. AUTOPSY (yes or no): yes — 19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no): No	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no): No	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)	

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to: month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
12/29/69	to 1/20/70	1/20/70	did not	10:18 P.M.	

22a. PHYSICIAN—SIGNATURE: Mario J Campagna, M.D.	22b. NAME (type or print) degree or Title: Mario J. Campagna, M. D.	22c. DATE SIGNED (month, day, year): 1/27/70	
23. MAILING ADDRESS—PHYSICIAN: 836 E. Main Street	Medford, Oregon 97501		
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): removal	24b. CEMETERY OR CREMATORY—NAME: Rose Hill Cemetery	24c. LOCATION city or town: Whittier	state: California — 24d. DATE (mo., day, year): 1/27/70
25a. FUNERAL DIRECTOR—SIGNATURE: Conger-Morris	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Conger-Morris, 715 W. Main, Medford, Oregon 97501		
26a. REGISTRAR—SIGNATURE: Mathel Hooks, Deputy	26b. DATE RECEIVED BY LOCAL REGISTRAR: 1-28-70	27. DATE RECEIVED BY STATE REGISTRAR: FEB - 9 1970	

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED FEB 11 1970

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Miriam E. Martin

STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong, Ganong & Gordon

this 21st day of October A. D., 19 70 at 8:58 o'clock A M., and duly recorded in Vol. M70, of Deeds on Page 9385

Fee $1.50

WM. D. MILNE, County Clerk

By Cynthia Compton