

12197

76 APR 12 33

4813

Vol. 76 Page

STATE OF OREGON STATE HEALTH DIVISION
Vital Statistics Section

80

CERTIFICATE OF DEATH

State File Number

DECEASED NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1		CLARA		LEE		SPARKMAN		March 1, 1976	
RACE (White, Negro, American Indian, etc.)		SEX		AGE (last birthday, years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 White		4 Female		5 66		6		April 24, 1909	
COUNTY OF DEATH		CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number)		NAME OF SPOUSE			
7a Klamath		7b Klamath Falls		7c		11 William H. Sparkman			
STATE OF BIRTH (if not in U.S.A., name of country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		NAME OF SPOUSE			
8 Oklahoma		9 USA		10 married		11			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (last kind of work done during last 12 months)		KIND OF BUSINESS OR INDUSTRY					
12 429-18-1336		13a Housewife		13b At home					
RESIDENCE-STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR RFD			
14a Oregon		14b Klamath		14c Klamath Falls		14d 1718 Viard			
FATHER NAME (first, middle, last)		MOTHER (Maiden Name, first, middle, last)		INFORMANT (Name and relationship to deceased)					
15 Hugh - McGuire		16 Judah London		17 Billie E. Sparkman (Son)					
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) Arteriosclerotic heart disease							
		(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)		AUTOPSY (yes or no)		IF YES were findings considered in determining cause of death					
		19a NO		19b					
DATE OF INJURY (month, day, year)		HOUR		HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)					
20a		20b		20c					
INJURY AT WORK (specify yes or no)		PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))		LOCATION (street or R.F.D. No., city or town, county, state)					
20d		20e		20f					
CERTIFICATION-MEDICAL INVESTIGATOR		I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:							
DEATH OCCURRED (month, day, year)		THE DECEDENT WAS PRONOUNCED DEAD (month, day, year)		FROM (Natural Causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> Degree or Title					
21a 9:32 a.		21b March 1 1976 9:32 a.		21c					
CERTIFIER-SIGNATURE		NAME (type or print)							
22a Veldon C. Borge		22b Veldon C. Borge, M.D.							
MEDICAL INVESTIGATOR FOR: Klamath		COUNTY		DATE SIGNED (month, day, year)					
23		24		25					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY-NAME		LOCATION (city or town, state)		DATE (month, day, year)			
24a Burial		24b Memorial Gardens		24c Coquille, Oregon		24d Mar. 4, 1976			
FURNERAL DIRECTOR-SIGNATURE		FURNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip)							
25a		25b Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601							
REGISTRAR-SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		DATE RECEIVED BY STATE REGISTRAR					
26a		26b Mar. 3, 1976		27 MAR 17 1976					
RESERVED FOR REGISTRAR'S USE									
28									

DATE ISSUED APRIL 2 1976

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

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 HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Ret. William H. Sparkman
1290 CARLSON DRIVE
KLAMATH FALLS, OREGON 97601

STATE REGISTRAR

M. M. Math

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the _____ day of _____ A.D., 1976 at _____ o'clock _____ M., and duly recorded in Vol. _____ of _____ on Page _____

FEE 3.75

WM. D. MILNE, County Clerk
By _____ Deputy