24733

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77 JAN 27 PM 4 59

Vol. M77 Page 1589

296
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): MARGUERITA HARRISON COFFELT
2. DATE OF DEATH (month, day, year): August 28, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 91
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): December 9, 1884
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Ponderosa Nursing Home
8. STATE OF BIRTH (If not in U.S.A., name country): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: –
12. SOCIAL SECURITY NUMBER: 543-07-3272
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Bonanza
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: Rt. # 1 - Box 140
15. FATHER—NAME first middle last: John Scott Harrison
16. MOTHER—Maiden Name first middle last: Sophie - Lytle
17. INFORMANT—NAME and relationship to deceased: Marjorie Wilson (Niece)

CAUSE

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

18. Immediate cause (a) Carcinoma nasopharynx & metastasis — approximate interval between onset and death: 1½ yr
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(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): Fractured Femur
AUTOPSY (yes or no) 19a. No
IF YES were findings considered in determining cause of death 19b.

ACCIDENT (specify yes or no) 20a. No
DATE OF INJURY (month, day, year) 20b. 6/1/1976
HOUR 20c. M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d. Fell at home
INJURY AT WORK (specify yes or no) 20e. No
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. Home
LOCATION (street or R.F.D. No., city or town, county, state) 20g. Rt #1, Bonanza Ore.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from 21. Nov. 5, 1955 to Aug 28, 1976 and last saw him/her alive on: month day year 8-20-76
I Did/Did Not view the body after death (specify): Did not
DEATH OCCURRED (hour) 5:15 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE 22a. William G. Holford Jr. M.D.
NAME (type or print) degree or Title 22b. William G. Holford Jr., M.D.
DATE SIGNED (month, day, year) 22c. Aug 30, 1976
MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip) 23. 4036 South 6th. Street, Klamath Falls, Oregon 97601

ME

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial
CEMETERY OR CREMATORY—NAME 24b. Klamath Memorial Park
LOCATION city or town state 24c. Klamath Falls, Oregon
DATE (mo., day, year) 24d. Aug.31,1976
FUNERAL DIRECTOR—SIGNATURE 25a.
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
REGISTRAR—SIGNATURE 26a. Marion Scherman
DATE RECEIVED BY LOCAL REGISTRAR 26b. AUG 31 1976
DATE RECEIVED BY STATE REGISTRAR 27.
RESERVED FOR REGISTRAR'S USE 28.

VS-2 R-69

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics
By Marion Scherman Deputy Registrar
Date AUG 31 1976 19
VOID IF ALTERED

(SEAL)

GIACOMINI, JONES & ZAMSKY
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET
KLAMATH FALLS, OREGON

Return to:

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of January A.D., 1977 at 4:59 o'clock P M., and duly recorded in Vol. M 77 of DEEDS on Page 1589.

WM. D. MILNE, County Clerk
By Hazel Magee Deputy

FEE $ 3.00