27896

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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CERTIFICATE OF DEATH

102 — Local File Number — State File Number

DECEASED

1. DECEASED—NAME First: Edith	Middle: E.	Last: Adams				2. DATE OF DEATH (month, day, year): April 4, 1977	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE—Last birthday (years): 60	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.		6. DATE OF BIRTH (month, day, year): August 13, 1916	
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): No	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 4507 Cannon St., Apt. 26				
Usual residence where deceased lived. If death occurred in institution, give residence before admission.	8. STATE OF BIRTH (If not in U.S.A., name country): Colorado	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Vurhl E. Adams			
12. SOCIAL SECURITY NUMBER: 541-32-7015	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Bookeeper	13b. KIND OF BUSINESS OR INDUSTRY: County Clerk					
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: 4507 Cannon St., Apt. 26			
15. FATHER—NAME first middle last: Ernest S. Johnson	16. MOTHER—Maiden Name first middle last: Elizabeth Warren	17. INFORMANT—NAME and relationship to deceased: Vurhl E. Adams, Husband					

CAUSE

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)	Acute myocardial infarction	5 min
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Atherosclerosis	unknown
due to, or as a consequence of: (c)	Hypertension w/ chronic Nephritis	10+ yrs

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I(a) — 19a. AUTOPSY (yes or no): no — 19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR M.	20d. HOW INJURY occurred (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or 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)	

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Dec. 22, 1976 (month day year) to April 4, 1977 (month day year). And Last Saw Him/Her Alive on: April 4, 1977 (month day year). I Did/Did Not view the body after death (specify): did. DEATH OCCURRED (hour): 5:00 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Blake Berven — 22b. NAME (type or print): Blake Berven, degree or Title: M.D. — 22c. DATE SIGNED (month, day, year): April 6, 1977

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dentl. Bld., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory	24c. LOCATION city or town, state: Klamath Falls Oregon	24d. DATE (mo., day, year): 4-6-77

25a. FUNERAL DIRECTOR—SIGNATURE: [signature] — 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: Marjorie Sherman — 26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 6 1977 — 27. DATE RECEIVED BY STATE REGISTRAR

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.

MARJORIE S. COMER, Registrar Vital Statistics
By Marjorie Sherman Deputy Registrar
Date APR 7 1977
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of APRIL, A.D., 19 77 at 4:06 P. o'clock M., and duly recorded in Vol M 77, of DEEDS on Page 6039.

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

FEE $ 3.00