28229

STATE OF OREGON–STATE HEALTH DIVISION 77 APR 18 AM 11 41

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Vital Statistics Section

97
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED–NAME First: Molly Middle: L. Last: Cottrell
2. DATE OF DEATH (month, day, year): March 31, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE–last birthday (years): 70
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): January 26, 1907
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Sprague River
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): Box 21

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 of country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Jack W. Cottrell
12. SOCIAL SECURITY NUMBER: 558-09-6231 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Telephone Supervisor
13b. KIND OF BUSINESS OR INDUSTRY: Newspaper
14a. RESIDENCE–STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Sprague River
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR RFD: Box 21
15. FATHER–NAME first middle last: Austin Luff
16. MOTHER–Maiden Name first middle last: Ann -
17. INFORMANT–Name and relationship to deceased: Jack W. Cottrell, Husband

CAUSE

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

18. Immediate Cause
(a) Acute Pulmonary Edema — approximate interval between onset and death: minutes
due to, or as a consequence of:
(b) acute cardiac failure — "
due to or as a consequence of:
(c) Probable Coronary Occlusion — minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)
Arteriosclerotic Heart Disease

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

MEDICAL INVESTIGATOR

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

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:

21a. DEATH OCCURRED (hour): 9:00 A. M.
21b. THE DECEDENT WAS PRONOUNCED DEAD month day year hour: March 31, 1977 9:15 A. M.
21c. FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

CERTIFIER

22a. CERTIFIER–SIGNATURE: George Nicholson MD
22b. NAME–(type or print) Degree or Title: George Nicholson M.D.
23. MEDICAL INVESTIGATOR FOR: Klamath COUNTY
DATE SIGNED (month, day, year): April 1, 1977

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 (month, day, year): 4-1-77
25a. FUNERAL DIRECTOR–SIGNATURE: O'Hair
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR–SIGNATURE: Marjorie Johnson
26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 1 1977
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-107 REV. - 2-73

ORIGINAL—VITAL STATISTICS COPY

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 Johnson, Deputy Registrar
Date APR 4 1977 19
VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of APRIL A.D., 19 77 at 11:41 o'clock A M., and duly recorded in Vol M 77, of DEEDS on Page 6499.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Deputy