'77 JUL 26 PM 2 31

V01 M Page 13333

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

33061

227 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First Alice; Middle Vaughan; Last Morgan Wright
2. DATE OF DEATH (month, day, year): July 11, 1977
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): March 6, 1886
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Delaware
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 540-54-4734
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
13b. KIND OF BUSINESS OR INDUSTRY: -
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.: 635 Alameda Ave.
15. FATHER—NAME first middle last: - Morgan
16. MOTHER—Maiden Name first middle last: -
17. INFORMANT—NAME and relationship to deceased: Lora Gray, Personal Rep. of Estate

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)	Cardiac Arrest.	5 min.
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 consequenre of:	Myocardial Infarction	11 days.
(c)		

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

CERTIFIER

1. ACCIDENT (specify yes or no): -
2. INJURY AT WORK (specify yes or no): -
3. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): -
20a. DATE OF INJURY (month, day, year): -
20b. HOUR: - M.
20c. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): -
20d. LOCATION (street or R.F.D. No., city or town, county, state): -
20e. CERTIFICATION—PHYSICIANS: I attended the deceased from: month day year: March 21 1910 to July 11, 1977
20f. And Last Saw Him/Her Alive on: month day year: July 10, 1977
20g. I-Did/Did Not view the body after death (specify): did not
21. DEATH OCCURRED (hour): 3:00 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): John D. Merryman
22c. degree or Title: M.D.
DATE SIGNED (month, day, year): July 11, 1977
23. MAILING ADDRESS—PHYSICIAN: street: 303 Pine St., city or town: Klamath Falls, state: Oregon, zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION city or town: Klamath Falls, state: Oregon
24d. DATE (mo., day, year): 7-14-77
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
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: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 12 1977
27. DATE RECEIVED BY STATE REGISTRAR: Rec'd Wm Sawyer 540 main City
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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

STATE OF OREGON
County of Klamath } ss.

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 [signature] Deputy Registrar

Date JUL 12 1977

(SEAL)

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 26 day of July A.D., 19 77 at 2:31 o'clock P.M., and duly recorded in Vol M 77, of Deeds on Page 13333

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00