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STATE OF OREGON — HEALTH DIVISION 77 OCT 26 AM 9 32
Vital Statistics Section

Vol. M77 Page 20501

344
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

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

1. DECEASED—NAME First: Hazel Middle: H. Last: Glover
2. DATE OF DEATH (month, day, year): October 17, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 83
5b. Under 1 year mos. days:
5c. Under 1 day hours min.:
6. DATE OF BIRTH (month, day, year): August 29, 1894
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): 5107 Cottage Ave.
8. STATE OF BIRTH (If not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 541-60-0010
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): No
14e. STREET AND NUMBER OR R.F.D.: 5107 Cottage Ave.
15. FATHER—NAME first middle last: Harry Parker
16. MOTHER—Maiden Name first middle last: Clarinda Harper
17. INFORMANT—NAME and relationship to deceased: Hazel Hall, Daughter

CAUSE

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

	Cause	Approximate interval between onset and death
(a) immediate cause	Congestive Heart Failure	years
(b) due to, or as a consequence of:	Generalized Arteriosclerosis	
(c) due to, or as a consequence of:		

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)

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: July 22 1969 to Oct. 17, 1977. And Last Saw Him/Her Alive on: 10-4-77. I Did/Did Not view the body after death (specify): not. DEATH OCCURRED (hour) 12:15 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Craig A Bennett M.D.
22b. NAME (type or print): Craig A. Bennett, degree or title: M.D.
22c. DATE SIGNED (month, day, year): Oct 18 '77
23. MAILING ADDRESS—PHYSICIAN: 1905 Main St., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 10-20-77
25a. FUNERAL DIRECTOR—SIGNATURE: Mike 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: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 19 1977
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

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

(SEAL)

By Marian Ackerman Deputy Registrar
Date OCT 19 1977 19
VOID IF ALTERED

Return to
Hazel Hall
5107 Cottage Ave
K. Falls

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of October A.D., 19 77 at 9:32 o'clock A M., and duly recorded in Vol M77 of Deeds on Page 20501.

WM. D. MILNE, County Clerk
By Bernetha G. Letsch Deputy

FEE $3.00