

43446

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CERTIFICATE OF DEATH

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Local File Number <u>55</u>			State File Number		
DECEASED—NAME First Middle Last <u>Charles Scott Warren</u>			DATE OF DEATH (month, day, year) <u>February 13, 1978</u>		
1 RACE White, Black, American Indian, etc. (specify) <u>White</u>			2 SEX <u>Male</u>		
3 AGE—Last birthday (years) <u>71</u>			4 Under 1 year mos. days hours min. <u>5b</u>		
5 DATE OF BIRTH (month, day, year) <u>December 15, 1906</u>			6 HOSPITAL OR OTHER INSTITUTION—NAME (if not in will, give street and number) <u>Pres. Intercomm. Hospt.</u>		
7a COUNTY OF DEATH <u>Klamath</u>			7b CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>		
8 STATE OF BIRTH (If not in U.S.A., name country) <u>Texas</u>			9 CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>			11 SPOUSE (IF MARRIED, WIDOWED) <u>Zepha R. Warren</u>		
12 SOCIAL SECURITY NUMBER <u>544-38-8333</u>			13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Rancher</u>		
14a KIND OF BUSINESS OR INDUSTRY <u>Cattle & Farming</u>			15a RESIDENCE—STATE <u>Oregon</u>		
15b COUNTY <u>Klamath</u>			15c CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		
15d STREET AND NUMBER OR R.F.D., ZIP <u>Rt. 5, Box 1230</u>			15e Inside City Limits (specify yes or no) <u>NO</u>		
16 FATHER—NAME first middle last <u>Charlie S. Warren</u>			17 MOTHER—Maiden Name first middle last <u>June Ann Weaver</u>		
18 INFORMANT—NAME and relationship to deceased <u>Zepha R. Warren, Wife</u>			19a LOCATION city or town state <u>Klamath Falls, Oregon</u>		
19b BURIAL, CREMATION, REMOVAL, MAUS, (specify) <u>Burial</u>			19c CEMETERY OR CREMATORY—NAME <u>Eternal Hills Memorial Gardens</u>		
20a FUNERAL SERVICE LICENSEE OR PROVIDER Acting As Such (Signature) <u>John D. Merryman</u>			20b NAME AND ADDRESS OF FACILITY <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>		
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) <u>John D. Merryman M.D.</u>			21b DATE SIGNED (Mo., Day, Yr.) <u>Feb 14, 1978</u>		
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>John D. Merryman M.D., 303 Pine St., Klamath Falls, Oregon 97601</u>			21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Dr. Thomas Klampp</u>		
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>FEB 14 1978</u>			22b REGISTRAR (Signature) <u>Marjorie S. Comer</u>		
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <u>Cerebral Anoxia</u>			Interval between onset and death <u>5 min</u>		
(b) <u>Cerebral Dissection</u>			Interval between onset and death <u>6 weeks</u>		
(c)			Interval between onset and death		
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			25 AUTOPSY (Specify Yes or No) <u>NO</u>		
26 ACCIDENT (Specify Yes or No)			27 DATE OF INJURY (Mo., Day, Yr.)		
28a INJURY AT WORK (Specify Yes or No)			28b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28c			28d HOUR OF INJURY <u>M</u>		
28e			28f DESCRIBE HOW INJURY OCCURRED		
28g			28h LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		
28i			28j		
RESERVED FOR REGISTRAR'S USE					

Ret to:
ZEPHA R. WARREN
Rt 5 Box 1230
K. FALLS, ORE.
97601

STATE OF OREGON
County of Klamath

(SEAL)

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 S. Comer Deputy Registrar
Date FEB 15 1978
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of February A.D., 19 78 at 3:28 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 3255.

FEE \$3.00

WM. D. MILNE, County Clerk
By Bernetha J. Helich Deputy