44728

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M 78 Page 5029

Local File Number 61

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (First / Middle / Last)			DATE OF DEATH (month, day, year)
1. MYRTLE	LOUISE	STORY	2 February 17, 1978

RACE White, Black, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Female	5a 91	5b	5c	6 May 7, 1886

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST., Indicate DOA, OP/Emer., Rm., Inpatient (Specify)
7a Klamath	7b Klamath Falls	7c Kl. County Nursing Home	7d Inpatient

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Illinois	9 USA	10 Widowed	11 Fred C. Story	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 541 - 60 - 2404	14a Housewife	14b Homemaking

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls	15d Route 3, Box 367 97601	15e No

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 Matthew M. Dickson	17 Indinia Harmon	18 Letitia Roberts - Daughter

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Burial	19b Eternal Hills Mem. Gardens	19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a [signature]

NAME AND ADDRESS OF FACILITY 20b WARDS - 1945 Main - Klamath Falls, Oregon 97601

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature] [signature]

DATE SIGNED (Mo., Day, Yr.) 21b Feb. 20, 1978

HOUR OF DEATH 21c 6:05 P.M

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Dr. William Bartlett / 2860 Daggett / Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a Feb. 21, 1978

REGISTRAR 22b (Signature) [signature]

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Pneumonia — Interval between onset and death: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Quadriplegia & convulsion — Interval between onset and death: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(c) Acute Anemia — Interval between onset and death: months

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

AUTOPSY (Specify Yes or No) 24: No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 25: No

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a No	26b	26c M	26d

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE
26e	26f	26g

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

DATE ISSUED MARCH 14 1978

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR [signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of March A.D., 19 78 at 8:39 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 5029.

FEE $3.00

WM. D. MILNE, County Clerk

By Doretha A. Black Deputy

MAR 16 AM 8 39