[redacted] A-29141 Vol. M78 Page 7141

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

164
Local File Number

CERTIFICATE OF DEATH

75-007493
State File Number

DECEASED—NAME First: Norma Middle: L. Last: Hickman
DATE OF DEATH (month day year): May 5, 1975
RACE (White, Negro, American Indian, etc.) (specify): White
SEX: Female
AGE last birthday (years): 49
DATE OF BIRTH (month day year): May 2, 1926
COUNTY OF DEATH: Klamath
CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
Inside city limits (specify yes or no): yes
HOSPITAL OR OTHER INSTITUTION—NAME: Presby. Intercom. Hospital
STATE OF BIRTH (if not in U.S.A., name country): Idaho
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
NAME OF SPOUSE: Theodore Hickman
SOCIAL SECURITY NUMBER: 518-26-2487
USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Stockclerk
KIND OF BUSINESS OR INDUSTRY: Retail Store
RESIDENCE—STATE: Oregon
COUNTY: Klamath
CITY, TOWN, OR LOCATION: Klamath Falls
Inside city limits (specify yes or no): yes
STREET AND NUMBER OR R F D: 720 Riverside Dr.
FATHER—NAME (first middle last): Melvin Workman
MOTHER—Maiden Name (first middle last): Grace Turnbaugh
INFORMANT—NAME and relationship to deceased: Theodore Hickman-Husband

PART I — DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
Approximate interval between onset and death

(a) Immediate cause: Cardiac Respiratory Arrest — Sud.
(b) Due to, or as a consequence of: Pulmonary Insufficiency — 6 hrs.
(c) Due to, or as a consequence of: Metastatic Liposarcoma to Lungs ... — 11 months

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)
AUTOPSY: no

ACCIDENT (specify yes or no) / DATE OF INJURY (month day year) / HOUR / HOW INJURY OCCURRED
INJURY AT WORK (specify yes or no) / PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) / LOCATION (street or R F D No., city or town, county, state)

CERTIFICATION—PHYSICIAN: I attended the deceased from Aug 20 1974 to May 5 1975 and last saw him/her alive on May 2 1975. Did not view the body after death. Death occurred at 5:25 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
PHYSICIAN SIGNATURE: Fred B. Oldham M.D.
NAME (type or print): Fred B. Oldham M.D.
DATE SIGNED (month day year): May 7, 1975
MAILING ADDRESS—PHYSICIAN: 2624 Campus Drive, Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL (specify): Burial
CEMETERY OR CREMATORY—NAME: Siskiyou Mem. Park
LOCATION: Medford, Oregon
DATE (mo. day year): May 8, 1975
FUNERAL DIRECTOR—SIGNATURE: [signature]
FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel 515 Pine Klamath Falls, Ore. 97601
REGISTRAR—SIGNATURE: [signature]
DATE RECEIVED BY LOCAL REGISTRAR: MAY ... 1975
DATE RECEIVED BY STATE REGISTRAR: MAY 27 1975
RESERVED FOR REGISTRAR'S USE

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STATE OF OREGON, COUNTY OF MULTNOMAH)SS
DATE ISSUED Apr. 11 1978

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.

Return KCTC

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13th day of April A.D., 19 78 at 3:06 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 7141.

FEE $3.00

WM. D. MILNE, County Clerk
By [signature] Deputy