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

Vol. M 78 Page 27351

59330

414
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 NAOMI	C.	WARREN	2 November 12, 1978

RACE White, Black, American Indian, etc (specify)	SEX	AGE—Last birthday (years)	Under 1 year: months / days	Under 1 day: hours / min	DATE OF BIRTH (month, day, year)
3 White	4 Female	5a 68	5b	5c	6 September 16, 1910

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in a hospital, give street and number)	Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No)
7a Klamath	7b Klamath Falls	7c Presbyterian Intercommunity	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 of Spanish/Hispanic Origin? (Specify Yes or No)
8 Idaho	9 USA	10 Widowed	11 —	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 - 52 - 6547	14a Housewife	14b At home

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 1345 Wilford 97601	15e Yes

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 Orson C. Childs	17 Margaret - Bradshaw	18 James W. George (Son)

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town, state
19a Burial	19b Eternal Hills Memorial Gardens	19c Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	NAME AND ADDRESS OF FACILITY
20a [signature]	20b Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 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]	CERTIFIER — NAME AND TITLE (Type or print)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
[signature] M.D.	21d Kenneth K. Magee, M.D., Medical Dental Building, Klamath Falls, Oregon 97601	21b November 13, 1978	21c 8:45 A. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e Blake D. Berven, M.D., P.C. Medical Dental Building, Klamath Falls, Oregon 97601

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	REGISTRAR
22a NOV 14 1978	22b [Signature] Marian Ackerman

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

PART I
(a) Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(c) CAD

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

AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
24 No	25 No

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	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-8-78 P-65412

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar
Date NOV 15 1978

VOID IF ALTERED

James W. George
527 MAC
Medford Ore
97501

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of December A.D., 1978 at 2:50 o'clock P M., and duly recorded in Vol. M78, of Deeds on Page 27351.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernedine Aldrich Deputy