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

Vol. 1178 Page 27832

CERTIFICATE OF DEATH

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DECEASED—NAME		First	Middle	Last	State File Number
1 Manford		Finley	Fisher	DATE OF DEATH (month, day, year)	
2 White, Black, American Indian, etc. (specify)		3 White	4 Male	AGE—Last birthday (years)	5a 66
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath		7b Klamath Falls		6 November 7, 1912	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	
8 Kansas		9 U.S.A.		7c Klamath Co. Nursing Home	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)	
13 510-09-4651		10 Married		11 Mildred J. Fisher	
RESIDENCE—STATE		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
15a Oregon		14a Meat Cutter		14b Meat Packing	
FATHER—NAME first middle last		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
16 Torance Fisher		15b Klamath		15c Bonanza	
15d P.O. Box 221		15e Inside City Limits (specify yes or no)		15e YES	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		INFORMANT—NAME and relationship to deceased	
19a Cremation		17 Alice Sullivan		18 Mildred J. Fisher, Wife	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		LOCATION city or town state	
20a Mike Blair		20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		19c Klamath Falls, Oregon	
20 The best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a [Signature]		21b 12/11/78		21c 7:15 A. M	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Dave Seeley, M.D.		Medical Deptl. Bld., Klamath Falls, Oregon 97601	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a DEC 11 1978		22b [Signature] M. Ackerman			
PART I IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) Pneumonia				1 wk.	
(b) Coronary artery insuff. & bilat CVA's				5 yrs.	
(c)					
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 OR CORONER	
26a ACCIDENT (Specify Yes or No)		26b DATE OF INJURY (Mo., Day, Yr.)		25 [Specify Yes or No]	
26c HOUR OF INJURY		26d DESCRIBE HOW INJURY OCCURRED		25 No	
26e INJURY AT WORK (Specify Yes or No)		26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25 No	
26g LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE					

VS-2 Rev-1-78 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar

VOID IF ALTERED

DEC 12 1978

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 12th day of December A.D., 1978 at 12:07 o'clock P.M., and duly recorded in Vol. 1178 of Deeds on Page 27832.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy