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

77
Local File Number

CERTIFICATE OF DEATH

78-002467
State File Number

1 DECEASED—NAME: FIRST Sandra	MIDDLE Jeanne	LAST Hodges			2 DATE OF DEATH (MONTH, DAY, YEAR) February 21, 1978
3 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	4 SEX 1 Female	5A AGE—LAST BIRTHDAY (YEARS) 34	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN. 5C	6 DATE OF BIRTH (MONTH, DAY, YEAR) April 12, 1943
7A COUNTY OF DEATH Klamath	7B CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) 5716 Summers Lane		7D IF HOSP. OR INST., INDICATE DOA, OP/EMER RM., INPATIENT (SPECIFY)
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Oregon	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11 SPOUSE (IF MARRIED, WIDOWED) Edward Hodges		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No
13 SOCIAL SECURITY NUMBER 542-50-5470	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 14A Hair Stylist		KIND OF BUSINESS OR INDUSTRY 14B Hairdressing		
15A RESIDENCE—STATE Oregon	15B COUNTY Klamath	15C CITY, TOWN, OR LOCATION Klamath Falls	15D STREET AND NUMBER OR R.F.D. 920 N. 9th St.		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15E Yes
16 FATHER—NAME FIRST MIDDLE LAST Charles W. Hamilton	17 MOTHER—MAIDEN NAME FIRST, MIDDLE, LAST Sarah Louise Ward		18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED Donald Lee Mitchell, Brother		
19A BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Burial	19B CEMETERY OR CREMATORY—NAME Klamath Memorial Park		19C LOCATION CITY OR TOWN Klamath Falls,	STATE Oregon	
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE [signature]	20B NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601				

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR) 12:15 A.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) February 21, 1978 1:00 P.M.	FROM NATURAL CAUSES ☐	ACCIDENT ☐	SUICIDE ☐
21D CERTIFIER — SIGNATURE [signature] M.D.		21C HOMICIDE ☐	UNDETERMINED ☒	PENDING ☒
MEDICAL EXAMINER FOR: 21F Klamath COUNTY		NAME (TYPE OR PRINT) 21E James H. Jackson		DEGREE OR TITLE M.D.
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) 22A March 3, 1978	REGISTRAR 22B (SIGNATURE) [signature]	DATE SIGNED (MONTH, DAY, YEAR) 21G 3/2/78		

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(a) Asphyxia
DUE TO, OR AS A CONSEQUENCE OF:
(b) Carbon monoxide poisoning — INTERVAL BETWEEN ONSET AND DEATH minutes
DUE TO, OR AS A CONSEQUENCE OF:
(c) Fire — INTERVAL BETWEEN ONSET AND DEATH minutes

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — INTERVAL BETWEEN ONSET AND DEATH minutes

DATE OF INJURY (MONTH, DAY, YEAR) 25A Feb. 21, 1978	HOUR 25B 12:28 AM	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Household fire, cause undetermined		AUTOPSY (SPECIFY YES OR NO) 24 Yes
INJ. AT WORK (SPECIFY YES OR NO) 25D No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25E Residence	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F 5716 Summers Lane, Klamath Falls Klamath Oregon		

RESERVED FOR REGISTRAR'S USE
Item 25c added by supplemental, 4/11/78, M. Martin, State Reg., SAR
Item 21c corrected by supple., 3/29/78, M. Martin, State Reg., SAR

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED DECEMBER 5 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.

Ret. Cramer Bailey, attys
540 Main
K. F. O.

STATE REGISTRAR [signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of December A.D., 1978 at 3:10 o'clock P. M., and duly recorded in Vol. M-78, of Deeds on Page 28115.

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline J. Metler Deputy