59903

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

453
Local File Number

CERTIFICATE OF DEATH

Vol. 1978 Page 28270
State File Number

Field	Entry
1. Deceased—Name (First, Middle, Last)	HATTIE MAE TUCKER
2. Date of Death (Month, Day, Year)	December 10, 1978
3. Race (White, Black, American Indian, etc.) (Specify)	White
4. Sex	Female
5A. Age—Last Birthday (Years)	83
5B. Under 1 Year (Mos., Days)	
5C. Under 1 Day (Hours, Min.)	
6. Date of Birth (Month, Day, Year)	September 25, 1895
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.)	2120 Vine St.
7D. If Hosp. or Inst. indicate DOA, OP/Emer. Rm., Inpatient (Specify)	
8. State of Birth (If not in U.S.A., name country)	Mississippi
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced (Specify)	Widowed
11. Spouse (If married, widowed)	Forrest
12. Was Decedent Ever in U.S. Armed Forces? (Specify yes or no)	No
13. Social Security Number	543 - 32 - 1936
14A. Usual Occupation (Give kind of work done during most of working life, even if retired)	Housewife
14B. Kind of Business or Industry	Homemaking
15A. Residence—State	Oregon
15B. County	Klamath
15C. City, Town, or Location	Klamath Falls
15D. Street and Number or R.F.D.	2120 Vine Street
15E. Inside City Limits (Specify yes or no)	Yes
16. Father—Name (First, Middle, Last)	Sidney A. Harris
17. Mother—Maiden Name (First, Middle, Last)	Amelia C. Manasco
18. Informant—Name and Relationship to Deceased	Fred Tucker - Son ✓
19A. Burial, Cremation, Removal, Maus. (Specify)	Burial
19B. Cemetery or Crematory—Name	Klamath Memorial Park
19C. Location (City or Town, State)	Klamath Falls, Oregon
20A. Funeral Service Licensee or Person Acting as Such—Signature	James K. Dard [signature]
20B. Name and Address of Facility	WARDS - 1945 Main - Klamath Falls, Oregon 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:

Field	Entry
21A. Death Occurred (Hour)	About 8:00 A M.
21B. The Decedent Was Pronounced Dead (Month, Day, Year, Hour)	Dec. 10, 1978/ 4:00p M.
21C. From	Natural Causes [X]; Homicide [ ]; Accident [ ]; Undetermined [ ]; Suicide [ ]; Pending [ ]
21D. Certifier—Signature	James H Jackson [signature]
21E. Name (Type or Print), Degree or Title	James H. Jackson, M.D.
21F. Medical Examiner For ... County	KLAMATH
21G. Date Signed (Month, Day, Year)	12/12/78
22A. Date Received by Registrar (Mo. Day, Yr.)	December 12, 1978
22B. Registrar (Signature)	Marian Ackerman [signature]

23. Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

Part I	Cause	Interval Between Onset and Death
(a)	Probable myocardial infarction	minutes
(b) Due to, or as a consequence of:	Arteriosclerotic heart disease	
(c) Due to, or as a consequence of:		

Part II. Other significant conditions — Conditions contributing to death but not related to cause given in Part I (a): long-standing mild hypertension

Field	Entry
24. Autopsy (Specify yes or no)	No
25A. Date of Injury (Month, Day, Year)	Dec. 10, 1978
25B. Hour	About 8:00am
25C. How Injury Occurred (Enter nature of injury in Part I or Part II, item 23)	Died in bed
25D. Inj. at Work (Specify yes or no)	No
25E. Place of Injury—At home, farm, street, factory, office bldg., etc. (Specify)	At Home
25F. Location (Street or R.F.D. No., City or Town, County, State)	2120 Vine / Klamath Falls / Klamath / Ore.

RESERVED FOR REGISTRAR'S USE

'78 DEC 19 AM 9 07

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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 [signature] Deputy Registrar
Date DEC 19 1978

VOID IF ALTERED

Ret: Fred Tucker 2236 Lee Ct. City

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 19th day of December A.D., 1978 at 9:07 o'clock A M., and duly recorded in Vol M-78 of Deeds on Page 28270.

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline J. Metler [signature] Deputy