

61542

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 79Page 1933

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME			First Middle Last			DATE OF DEATH (month, day, year)		
GLADYS MARIAN CARLSON						2 December 19, 1978		
RACE White, Black, American Indian, etc. (specify)			SEX			AGE—Last birthday (years)		
3 White			4 Female			5a 72		
COUNTY OF DEATH			CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		
7a Klamath			7b Klamath Falls			7c Presbyterian Intercomm.		
STATE OF BIRTH (If not in U.S.A. name country)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		
8 Washington			9 U.S.A.			10 Married		
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 - 54 - 2604			14a Homemaker			14b Homemaking		
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION		
15a Oregon			15b Klamath			15c Klamath Falls		
FATHER—NAME first middle last			MOTHER—Maiden Name first middle last			INFORMANT—NAME and relationship to deceased		
16 Abner Hager			17 Alta Crooks			18 Emil Carlson - Husband		
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION city or town state		
19a Burial			19b Mt. Calvary Cemetery			19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)			NAME AND ADDRESS OF FACILITY			DATE SIGNED (Mo., Day, Yr.)		
20a [Signature]			20b WARDS - 1945 Main - Klamath Falls, Oregon 97601			21c 6:30 P.M.		
CERTIFIER NAME AND TITLE (Type or print)			MAILING ADDRESS (Street, city or town, state, zip)			HOUR OF DEATH		
21a Everett E. Howard, M.D. - 2622 Campus Dr. - Klamath Falls, Or. 97601			21b [Signature]			21c 6:30 P.M.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			REGISTRAR		
21e			22a DEC 22 1978			22b [Signature] MARIAN ACKERMAN		
PART 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			INTERVAL BETWEEN ONSET AND DEATH			INTERVAL BETWEEN ONSET AND DEATH		
(a) CHRONIC OBSTRUCTIVE PULMONARY DISEASE			YEARS			INTERVAL BETWEEN ONSET AND DEATH		
(b) DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH			INTERVAL BETWEEN ONSET AND DEATH		
(c) DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH			INTERVAL BETWEEN ONSET AND DEATH		
PART 24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), and (c).			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO MEDICAL EXAMINER		
24a CHRONIC PULMONARY CARDIAC DECOMPRESSION			24b No			24c No		
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY		
26a			26b			26c		
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION		
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar
Date DEC 22 1978

VOID IF ALTERED

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 23rd day of January A.D., 1979 at 11:50 o'clock A M., and duly recorded in Vol. 79 of Deeds on Page 1933.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy