

62207

40

CERTIFICATE OF DEATH

State File Number

DATE OF DEATH (month, day, year)

2 February 3, 1979

DATE OF BIRTH (month, day, year)

6 September 21, 1925

DECEASED—NAME		First	Middle	Last	Under 1 year		Under 1 day	
Prudence			L.	Ramsey	mos.	days	hours	min.
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)			
White		Female		53	7c Klamath Co. Nursing Home			
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		SPOUSE (IF MARRIED, WIDOWED)				
7a Klamath		7b Klamath Falls		11 Samuel W. Ramsey				
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		KIND OF BUSINESS OR INDUSTRY		
8 Texas		9 U.S.A.		10 Married				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14b				
13 466-22-6723		14a Homemaker		14c				
RESIDENCE—STATE		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 1015 Washburn Way		
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased				
16a Coke Oliver Watson		17 Rittie Celestial		18 Samuel W. Ramsey, Husband				
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		19c Klamath Falls, Oregon				
19a Cremation		19b Eternal Hills Crematorium						
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601				
20a		20c		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
				21b Feb 4 '79		21c 2:00 P. M		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated;								
21a (Signature) <i>Raymond Tice</i>								
NAME AND ADDRESS OF CERTIFIER (Type or Print)								
21d Raymond Tice M.D. Medical Dentl. Bld., Klamath Falls, Ore. 97601								
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								
21e								
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)				REGISTRAR		Interval between onset and death		
22a FEB 7 1979				22b (Signature) <i>Glenn Pratt</i>		Years		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)								
(a) DUE TO, OR AS A CONSEQUENCE OF: <i>Chlorination</i>								
(b) DUE TO, OR AS A CONSEQUENCE OF: <i>gunshot wound (self-inflicted)</i>								
(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)						AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?
24 No						24 No		25 (Specify Yes or No) No
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
26a		26b		26c		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-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 *Glenn Pratt*, Deputy Registrar

Date FEB 7 1979

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 7th day of FEBRUARY A.D., 19 79 at 3:18 o'clock P M., and duly recorded in Vol. M-79 of DEEDS on Page 3044

WM. D. MILNE, County Clerk

By *Glenn Pratt*, Deputy

FEE \$ 3.00

RECEIVED FEB 7 1979