63549

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

Vol. M 79 Page 5110

56

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: HARRIET	Middle:	Last: DARMODY		DATE OF DEATH (month, day, year) 2: February 16, 1979	
RACE White, Black, American Indian, etc. (specify) 3: White	SEX 4: Female	AGE—Last birthday (years) 5a: 71	Under 1 year: mos. / days (5b)	Under 1 day: hours / min. (5c)	DATE OF BIRTH (month, day, year) 6: October 10, 1907
COUNTY OF DEATH 7a: Klamath	CITY, TOWN OR LOCATION OF DEATH 7b: Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c: 2351 White Street			IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 7d
STATE OF BIRTH (If not in U.S.A., name country) 8: Oklahoma	CITIZEN OF WHAT COUNTRY 9: U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Widowed	SPOUSE (IF MARRIED, WIDOWED) 11: Ralph Darmody		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12: No
SOCIAL SECURITY NUMBER 13: 543 - 10 - 2071	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Bookkeeper	KIND OF BUSINESS OR INDUSTRY 14b: Bush Furniture Company			
RESIDENCE—STATE 15a: Oregon	COUNTY 15b: Klamath	CITY, TOWN, OR LOCATION 15c: Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d: 2351 White Street 97601	Inside City Limits (specify yes or no) 15e: Yes	
FATHER—NAME first middle last 16: Loren Putman Wolfe	MOTHER—Maiden Name first middle last 17: Eva M. Montgomery	INFORMANT—NAME and relationship to deceased 18: Constance Breazeale - Frien			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a: Cremation	CEMETERY OR CREMATORY—NAME 19b: Eternal Hills Mem. Gardens	LOCATION city or town state 19c: Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a: [signature]	NAME AND ADDRESS OF FACILITY 20b: WARDS - 1945 Main - Klamath Falls, Oregon 97601				
To be Completed by CERTIFYING PHYSICIAN Only — To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) [signature]	DATE SIGNED (Mo., Day, Yr.) 21b: February 19, 1979	HOUR OF DEATH 21c: About 2:00 a M			
CERTIFIER — NAME AND TITLE (Type or print) 21d: BLAKE D. BERVEN, M.D. - Rm 207	MAILING ADDRESS (Street, city or town, state, zip) Med-Dental Bldg / Klamath Falls, Or. 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e:					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: FEB 20 1979	REGISTRAR 22b (Signature): Marian Ackerman				

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
(a)	Ventricular fibrillation	10min
DUE TO, OR AS A CONSEQUENCE OF:		
(b)	ASHD, Multifocal atrial tachycardia, CHF	2yrs
DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Severe COPD

AUTOPSY (Specify Yes or No) 24: No	WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No): Yes

ACCIDENT (Specify Yes or No) 26a: No	DATE OF INJURY (Mo., Day, Yr.) 26b:	HOUR OF INJURY 26c: M	DESCRIBE HOW INJURY OCCURRED 26d:
INJURY AT WORK (Specify Yes or No) 26e:	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f:	LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE 26g:	

RESERVED FOR REGISTRAR'S USE

After Recording Return to

O. W. GOAKEY
ATTORNEY AT LAW
431 Main Street
Klamath Falls, Oregon 97601

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date FEB 20 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 March A.D., 19 79 at 9:44 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 5110.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Deloach Deputy

79 MAR 7 AM 9 44