

64299

393

ROLL 45 IMAGE 866

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Vol. M79 Page 6278

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

LOCAL FILE NUMBER

314

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH CAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last Bertha Margaret Hansen		DATE OF DEATH (Month, Day, Year) March 5, 1979		STATE FILE NUMBER	
CITY, TOWN, OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) St. Mary's Hospital		COUNTY OF DEATH Washoe	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		ETHNIC Irish		AGE—Last Birthday (Years) Mos. Days 74	
STATE OF BIRTH (If not U.S.A., name country) South Dakota		CITIZEN OF WHAT COUNTRY USA		DATE OF BIRTH (Mo., Day, Yr.) March 7, 1904	
SOCIAL SECURITY NUMBER 543-16-1867		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		SURVIVING SPOUSE (If wife, give maiden name) None	
RESIDENCE—STATE Oregon		COUNTY Klamath		CITY, TOWN, OR LOCATION Klamath Falls	
FATHER—NAME First Middle Last Clinton B. Davis		MOTHER—MAIDEN NAME First Middle Last 1914 Crest Street Cobb		STREET AND NUMBER 1914 Crest Street	
INFORMANT—NAME (Type or Print) Page Kenck		MAILING ADDRESS 1914 Crest Street, Klamath Falls, Oregon		CITY OR TOWN Klamath Falls, OR	
BURIAL, CREMATION, OR OTHER (Specify) Removal & Burial		CEMETERY OR CREMATORY—NAME Klamath Memorial Park		LOCATION Walton Funeral Home, 875 W. Second St., Reno, Nevada	
FUNERAL DIRECTOR—Name (Or Person Acting As Such) Linda Williamson		NAME AND ADDRESS OF FACILITY Walton Funeral Home, 875 W. Second St., Reno, Nevada		CITY OR TOWN Reno, Nevada	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Linda Williamson		21b. DATE SIGNED (Mo., Day, Yr.) March 13, 1979		21c. HOUR OF DEATH 9:10 AM	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ralph M. Bailey, Coroner, PO Box 11130, 10 Kirman Ave., Reno, Nevada 89520		21e. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 14, 1979		21f. AT 9:10 AM	
22. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		22a. (a) Acute Coronary Artery Insufficiency		22b. (b) Arteriosclerosis of the Coronary Arteries	
22c. (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		22d. Interval between onset and death 40 minutes		22e. Interval between onset and death years	
22f. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) No		22g. DATE OF INJURY (Mo., Day, Yr.) March 5, 1979		22h. HOUR OF INJURY 1:16	
22i. INJURY AT WORK (Specify Yes or No) No		22j. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) At home		22k. DESCRIBE HOW INJURY OCCURRED None	
22l. LOCATION 1914 Crest Street		22m. STREET OR R.F.D. No. 1914 Crest Street		22n. CITY OR TOWN Klamath Falls	
22o. STATE Oregon		22p. COUNTY Klamath		22q. ZIP CODE 97603	

STATE OF OREGON; COUNTY OF KLAMATH; ss.

No. 006935

I hereby certify that the within instrument was received and filed for record on the 20th day of March A.D., 19 79 at 1:16 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 6278.

FEE \$3.00

WM. D. MILNE, County Clerk
By Bernice Spetch Deputy

779 MAR 20 PM 1 15

Ret:
Page Kenck
1914 Crest
City