66551

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

Vol. M 79 Page 10001

103
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1	First: Irene	Middle: L.	Last: Oldham	DATE OF DEATH (month, day, year) 2	April 3, 1979
RACE White, Black, American Indian, etc.(specify) 3	White	SEX 4	Female	AGE—Last birthday (years) 5a	77
				Under 1 year: months / days 5b	
				Under 1 day: hours / min 5c	
DATE OF BIRTH (month, day, year) 6	March 16, 1902				
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	Pres. Intercomm. Hospt.
IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) 7d	Inpatient				
STATE OF BIRTH (If not in U.S.A., name country) 8	Washington	CITIZEN OF WHAT COUNTRY 9	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Widowed
SPOUSE (IF MARRIED, WIDOWED) 11	John Oldham	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12	No		
SOCIAL SECURITY NUMBER 13	531-12-1219	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Mail Order Catalog Dept. Mgr.	KIND OF BUSINESS OR INDUSTRY 14b	Retail Mail Order
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath	CITY, TOWN, OR LOCATION 15c	Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP 15d	2407 Radcliffe St. 97601	Inside City Limits (specify yes or no) 15e	Yes		
FATHER—NAME first middle last 16	James S. Taylor	MOTHER—Maiden Name first middle last 17	Katherin Collins	INFORMANT—NAME and relationship to deceased 18	Diane L. Bagley, Daughter
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a	Mausoleum	CEMETERY OR CREMATORY—NAME 19b	Haven of Rest Mausoleum	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	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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	4/4/79
HOUR OF DEATH 21c	7:05 P. M		
CERTIFIER — NAME AND TITLE (Type or print) 21d	Geoffrey F. Marx M.D.	MAILING ADDRESS (Street, city or town, state, zip)	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.) 22a	APR 5 1979	REGISTRAR 22b [Signature]	[signature]

PART I

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

(a) Acute Myocardial infarction. — Interval between onset and death: 24 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Atherosclerosis. — Interval between onset and death: ?

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)

AUTOPSY (Specify Yes or No) 24: No

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

ACCIDENT (Specify Yes or No) 26a	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

Mike Grant
325 Main

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 [signature] Deputy Registrar

Date APR 5 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 2nd day of May A.D., 19 79 at 2:21 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 10001.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy