70385

214
Local File Number

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

Vol. M79 Page 16302

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: Flora	Middle: Florence	Last: Crawford	2 DATE OF DEATH (month, day, year)	June 23, 1979
3 RACE White, Black, American Indian, etc. (specify)	White	4 SEX: Female	5a AGE—Last birthday (years): 72	5b Under 1 year: mos / days	5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year)	January 27, 1907				
7a COUNTY OF DEATH	Klamath	7b CITY, TOWN OR LOCATION OF DEATH	Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Merle West Medical Center
7d IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Inpatient				
8 STATE OF BIRTH (If not in U.S.A. name country)	Washington	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Widowed
11 SPOUSE (IF MARRIED, WIDOWED)	William D. Crawford	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No		
13 SOCIAL SECURITY NUMBER	542-54-8730	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Homemaker	KIND OF BUSINESS OR INDUSTRY 14b	—
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	611 Mt. Pitt St. 97601	Inside City Limits (specify yes or no) 15e	Yes		
16 FATHER—NAME first middle last	Charles C. McCullough	MOTHER—Maiden Name first middle last 17	Dollia Blake	INFORMANT—NAME and relationship to deceased 18	Larry G. Crawford, Son
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial	CEMETERY OR CREMATORY—NAME 19b	Linkville Cemetery	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 CERTIFIER [Signature] ▶ [signature], MD

21d CERTIFIER — NAME AND TITLE (Type or print): Gerald R. Hartmann M.D.,

MAILING ADDRESS (Street, city or town, state, zip): Medical Dentl. Bld., Klamath Falls, Ore. 97601

DATE SIGNED (Mo., Day, Yr.) 21b: 6-25-79

HOUR OF DEATH 21c: 1:15 A. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e:

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: JUN 26 1979

REGISTRAR 22b (Signature) ▶ [signature]

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

PART I
(a) Cerebral Hemorrhage — Interval between onset and death: 12 Hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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	DESCRIBE HOW INJURY OCCURRED 26d
		M	

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

Proctor Purkett & Jarvis
280 Main
K Falls, Or

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 JUN 26 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 10th day of July A.D., 19 79 at 4:17 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 16302.

FEE $3.00

WM. D. MILNE, County Clerk

By Demetha Kilsch Deputy