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

78-015906

80 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

DECEASED—NAME: First IRENE | Middle V | Last COSTELLOE

2 DATE OF DEATH (month, day, year): OCTOBER 1, 1978

1 RACE (White, Black, American Indian, etc. (specify)): WHITE

3 SEX: FEMALE

4 AGE—Last birthday (years): 5a 66

Under 1 year: 5b months / days

Under 1 day: 5c hours / min.

6 DATE OF BIRTH (month, day, year): AUGUST 4, 1912

7a COUNTY OF DEATH: CURRY

7b CITY, TOWN OR LOCATION OF DEATH: GOLD BEACH

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number): CURRY GENERAL HOSPITAL

7d If not hospital or institution, indicate DOA, Emer. Rm., Inpatient (Specify): EMER RM.

8 STATE OF BIRTH (If not in U.S.A., name country): OREGON

9 CITIZEN OF WHAT COUNTRY: U.S.A

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED

11 SPOUSE (IF MARRIED, WIDOWED): CARL COSTELLOE

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO

13 SOCIAL SECURITY NUMBER: 541-22-6886

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER

14b KIND OF BUSINESS OR INDUSTRY: HOME

15a RESIDENCE—STATE: OREGON

15b COUNTY: CURRY

15c CITY, TOWN, OR LOCATION: BROOKINGS

15d STREET AND NUMBER OR R.F.D., ZIP: 97415 INCHUCK RIVER RD.

15e Inside City Limits (specify yes or no): NO

16 FATHER—NAME first middle last: WILLIS HENDERSON

17 MOTHER—Maiden Name first middle last: MAUDE KRICK

18 INFORMANT—NAME and relationship to deceased: CARL COSTELLOE HUSBAND

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): BURIAL

19b CEMETERY OR CREMATORY—NAME: WARD MEMORIAL CEMETERY

19c LOCATION city or town state: BROOKINGS OREGON

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Thomas Thwaites

20b NAME AND ADDRESS OF FACILITY: LITTLE FUNERAL DIRECTORS P.O.BOX 1100 BROOKINGS ORE.

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.

21b DATE SIGNED (Mo., Day, Yr.): October 30, 1978

21c HOUR OF DEATH: 2/55 P M

21a (Signature): R.A. Nickels MD

NAME AND ADDRESS OF CERTIFIER (Type or Print): Dr. R.A. Nickels, MD 412 Alder St., Brookings, Oregon

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

21d

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): October 12, 1978

22b REGISTRAR (Signature): Victor E. Vera

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

PART I (a) Pontiac Arrest — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF

(b) Non-active Heart Failure — 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).

24 AUTOPSY (Specify Yes or No): NO

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

26a ACCIDENT (Specify Yes or No): NO

26b DATE OF INJURY (Mo. Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): NO

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev. 1-78 P-65412

TH

DATE ISSUED Sep. 25 1979

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Melvin C. Haun

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of October A.D., 19 79 at 3:44 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 23162.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernthar Fletch Deputy