

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

78-015906

80
CERTIFICATE OF DEATH

State File Number

DATE OF DEATH (month, day, year)

OCTOBER 1, 1978

DATE OF BIRTH (month, day, year)

AUGUST 4, 1912

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
IRENE V COSTELLOE					OCTOBER 1, 1978	
RACE—White, Black, American Indian, etc. (Specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
WHITE		FEMALE	66	50	50	AUGUST 4, 1912
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME		DATE OF DEATH (month, day, year)
CURRY		GOLD BEACH		CURRY GENERAL HOSPITAL		DATE OF DEATH (month, day, year)
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		SPOUSE (IF MARRIED, WIDOWED)		DATE OF DEATH (month, day, year)
OREGON		U.S.A.		CARL COSTELLOE		DATE OF DEATH (month, day, year)
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		KIND OF BUSINESS OR INDUSTRY		DATE OF DEATH (month, day, year)
541-221-6886		MARRIED		HOME		DATE OF DEATH (month, day, year)
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		DATE OF DEATH (month, day, year)
OREGON		CURRY	BROOKINGS	WINCHUCK RIVER RD.		DATE OF DEATH (month, day, year)
FATHER—NAME		MOTHER—Maiden Name	INFORMANT—NAME and relationship to deceased		DATE OF DEATH (month, day, year)	
WILLIS HENDERSON		MAUDE KRICK	CARL COSTELLOE HUSBAND		DATE OF DEATH (month, day, year)	
BURIAL, CREMATION, REMOVAL, MAUS (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		DATE OF DEATH (month, day, year)
BURIAL		WARD MEMORIAL CEMETERY		BROOKINGS OREGON		DATE OF DEATH (month, day, year)
FURNERAL SERVICE LICENSEE OR ORDERING AS SUCH (NAME AND ADDRESS OF FACILITY)		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH		DATE OF DEATH (month, day, year)
LITTLE FUNERAL DIRECTORS P.O. BOX 1100 BROOKINGS ORE.		21b October 10, 1978		21c 3/15 PM		DATE OF DEATH (month, day, year)
NAME AND ADDRESS OF CERTIFIER (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR		DATE OF DEATH (month, day, year)
21d Dr. R.A. Nickels, 412 Alder St., Brookings, Oregon MD		22a October 12, 1978		22b [Signature]		DATE OF DEATH (month, day, year)
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PART I IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		DATE OF DEATH (month, day, year)
		1a. Cardiac Arrest				DATE OF DEATH (month, day, year)
		1b. Convulsive Heart Failure				DATE OF DEATH (month, day, year)
		1c. [illegible]				DATE OF DEATH (month, day, year)
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER		DATE OF DEATH (month, day, year)
		24 NO		25 NO		DATE OF DEATH (month, day, year)
ACCIDENT? (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		DATE OF DEATH (month, day, year)
26a NO		26b	26c	26d		DATE OF DEATH (month, day, year)
INJURY AT WORK		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE		DATE OF DEATH (month, day, year)
26e YES		26f	26g			DATE OF DEATH (month, day, year)

RESERVED FOR REGISTRAR'S USE

VS-2 Rev. 1-78 P-65412

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

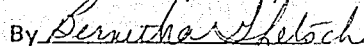


NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION
STATE OF OREGON; COUNTY OF KLAMATH; ss.

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. 179 of Deeds on Page 23162.

FEE \$3.50

WM. D. MILNE, County Clerk

By 

Deputy