

75245

CERTIFICATE OF DEATH

State File Number

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DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
HUBERT		STOVE	BRIDGE	2 September 23, 1979		
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Male	80	mos. days	hours min.	6 February 13, 1899
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)
7a Klamath		7b Klamath Falls		7c West Medical Center		7d Inpatient
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 SPOUSE (IF MARRIED, WIDOWED)
8 Minnesota		9 USA		10 Married		11 Dorothy C. Bridge
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
13 169-01-9453		14a Inspector - retired		14b Oregon Agriculture Department		15e 1es
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.; ZIP		Inside City Limits (Specify yes or no)
15a Oregon		15b Klamath	15c Klamath Falls	15d 2201 Arthur Street		15e 1es
FATHER—NAME—first middle last		MOTHER—Maiden Name—first middle last		INFORMANT—NAME and relationship to deceased		18
16 David S. Bridge		17 Joquette - Illiff		18 Dorothy C. Bridge (Wife)		19c
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION—city or town state		19c
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
20a [Signature]		Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601		21b: September 24, 1979		21c: 8:29 P. M.
21a [Signature]		NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b: September 24, 1979		21c: 8:29 P. M.
21d Blake Berven, M.D., Medical Dental Building, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		22a		22b
22a SEP 25 1979		22b [Signature] M. Ackerman		22c		
23 IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
(a) Acute myocardial infarction				SMIV		
(b) DUE TO, OR AS A CONSEQUENCE OF: ASHD				Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:				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)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER		
24 Severe asthma bronchitis		24 No		25 [Specify Yes or No] No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		
26a		26b		26c		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		
26e		26f		26g		
RESERVED FOR REGISTRAR'S USE						

VS-2 Rev 1-78 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar
Date SEP 25 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 October A.D., 19 79 at 11:22 o'clock A.M., and duly recorded in Vol. M79 of Deeds on Page 23935.

FEE \$3.50

WM. D. MILNE, County Clerk

By [Signature] Deputy