

76518

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

386

Local File Number

CERTIFICATE OF DEATH

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DATE
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DECEASED—NAME

First

Middle

Last

SEX

AGE—Last

birthday (years)

Under 1 year

Under 1 day

mos.

days

hours

min.

HOSPITAL OR OTHER INSTITUTION—NAME

(If not in either, give street and number)

MARRIED, NEVER MARRIED,

WIDOWED, DIVORCED (specify)

SPOUSE (IF MARRIED, WIDOWED)

KIND OF BUSINESS OR INDUSTRY

DATE OF DEATH (month, day, year)

DATE OF BIRTH (month, day, year)

STATE FILE NUMBER

IF HOSP. OR INST. Indicate DOA,
OP/Emer., Am., Inpatient (Specify)

7d

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

12

Yes

COUNTY OF DEATH

CITY, TOWN OR LOCATION OF DEATH

CITIZEN OF WHAT COUNTRY

USUAL OCCUPATION (give kind of work done during most of working, life, even
if retired)

14a

RESIDENCE—STATE

COUNTY

CITY, TOWN, OR LOCATION

STREET AND NUMBER OR R.F.D., ZIP

FATHER—NAME

MOTHER—Maiden Name

BURIAL, CREMATION,
REMOVAL, MAUS. (Specify)

CEMETERY OR CREMATORY—NAME

INFORMANT—NAME and relationship to deceased

LOCATION

city or town

state

FUNDAL SERVICE LICENSEE Or person Acting As Such

NAME AND ADDRESS OF FACILITY

20b

DATE SIGNED (Mo., Day, Yr.)

HOUR OF DEATH

21c

NAME AND ADDRESS OF CERTIFIER (Type or Print)

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

REGISTRAR

22b

IMMEDIATE CAUSE

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

(a)

(b)

(c)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No)

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

HOUR OF INJURY

AUTOPSY (Specify Yes or No)

WAS CASE REFERRED TO MEDICAL
EXAMINER OR CORONER

25 (Specify Yes or No)

INJURY AT WORK
(Specify Yes or No)PLACE OF INJURY—At home, farm, street, factory,
office building, etc. (Specify)

26c

DESCRIBE HOW INJURY OCCURRED

26d

LOCATION

26g

STREET OR R.F.D. NO.

CITY OR TOWN

STATE

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
County of KlamathThis 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 *Marian Ackerman* Deputy Registrar

Date: OCT 23 1979

VOID IF ALTERED

VS-2 Rev-1-78 P-65412

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 5th day of
November A.D., 19 79 at 2:13 o'clock P M., and duly recorded in Vol M79
of Deeds on Page 26087.

FEE None

WM. D. MILNE, County Clerk

By *Bernice M. Hetch* Deputy