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

Vol. 79 Page 28331

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RESERVED FOR REGISTRAR'S USE

## CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number
1 Bertha E. Hawkins					
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	DATE OF DEATH (month, day, year)	
3 White		4 Female	5a 79	2 November 26, 1979	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath		7b Klamath Falls		6 December 6, 1899	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	
8 Rhode Island		9 U.S.A.		7c Merle West Medical Center	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)	
13 547-24-4705		10 Married		11 Eugene H. Hawkins	
RESIDENCE—STATE		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
15a Oregon		14a Homemaker		14b -	
COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
15b Klamath		15c Klamath Falls		15d 1250 Lakeshore Dr. 97601	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased	
16 Robert F. O'Connell		17 Catherine Burke		18 Eugene H. Hawkins, Husband	
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state	
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY			
20a <i>M. K. Magee</i>		20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			
TO the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated,		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a (Signature) <i>Kenneth K. Magee M.D.</i>		21b 11-26-79		21c 6:30 A. M	
CERTIFIER—NAME AND TITLE (Type or print)		MAILING ADDRESS (Street, city or town, state, zip)			
21d Kenneth K. Magee M.D. Medical Dentl. Bld., Klamath Falls, Ore. 97601		21e			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]					
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]		REGISTRAR			
22a NOV 27 1979		22b (Signature) <i>Marian Ackerman</i>			
PART I IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).			
(a) <i>Respiratory arrest</i>				Interval between onset and death	
(b) <i>Cerebral Vascular Accident</i>				Interval between onset and death	
(c) <i>Generalized atherosclerosis</i>				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)	
23 Complete Heart Block, Pericardial Effusion				24 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)		26d	
26e		26f		26g	
		LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE	

AFTER RECORDING RETURN TO:  
Mr. E. H. Hawkins  
1250 Lakeshore Drive  
Klamath Falls, Oregon 9701

VS-2 Rev 3-78 P-85412

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 *Marian Ackerman*, Deputy Registrar  
Date NOV 27 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 December A.D., 19 79 at 9:29 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 28331.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Bernetha Spetch* Deputy