78140

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Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME	First	Middle	Last	
1	Alfred	–	Cottingham	

DATE OF DEATH (month, day, year)
2 November 21, 1979

3 RACE White, Black, American Indian, etc.(specify) White	4 SEX Male	5a AGE—Last birthday (years) 71	5b Under 1 year mos / days	5c Under 1 day hours / min

DATE OF BIRTH (month, day, year)
6 May 14, 1908

7a COUNTY OF DEATH Klamath	7b CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Merle West Medical Center	7d IF HOSP. OR INST. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient

8 STATE OF BIRTH (if not in U.S.A., name country) Washington	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Mary L. Cottingham	12 WAS DECEDENT EVER IN US ARMED FORCES (Specify yes or no) No

13 SOCIAL SECURITY NUMBER 543-10-2928	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Wholesale Distributor	14b KIND OF BUSINESS OR INDUSTRY General Sales

RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 451 Damont St. 97601	15e Inside City Limits (specify yes or no) Yes

FATHER—NAME first middle last 16 Alex S. Cottingham	MOTHER—Maiden Name first middle last 17 Anna May Willard	INFORMANT—NAME and relationship to deceased 18 Mary L. Cottingham, Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	19c LOCATION city or town state Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] *Mike O'Hair*

20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature] Everett S. Howard	DATE SIGNED (Mo., Day, Yr.) 21b 11-26-79	HOUR OF DEATH 21c 4:10 A. M

21d CERTIFIER — NAME AND TITLE (Type or print) Everett E. Howard M.D. 2622 Campus Dr., Klamath Falls, Oregon 97601
MAILING ADDRESS (Street, city or town, state, zip)

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) NOV 2 6 1979	22b REGISTRAR [Signature] *Marian Ackerman*

23 PART I IMMEDIATE CAUSE	ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].	Interval between onset and death
(a) METASTATIC LUNG CANCER		MONTHS
DUE TO, OR AS A CONSEQUENCE OF: (b)		
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) GENERALIZED CARCINONATOSS	AUTOPSY (Specify Yes or No) 24 No	WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo, Day, Yr)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or 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-8-78 P-65412