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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 79 Page 29061Local File Number
460

CERTIFICATE OF DEATH

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DECEASED—NAME		First		Middle		Last		State File Number	
1 Ethel		Ballard		Morton		DATE OF DEATH (month, day, year)		2 December 15, 1979	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Female		5a 85		5b mos. days		5c hours min	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		DATE OF BIRTH (month, day, year)		6 July 14, 1894	
7a Klamath		7b Klamath Falls		7c Klamath Co. Nursing Home		IF HOSP. OR INST. indicate DOA, OP, Emer. Am. Inpatient (Specify)		7d Inpatient	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Illinois		9 U.S.A.		10 Married		11 Fred Morton		12 NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 540-26-4003		14a Homemaker		14b -					
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 Rt. 3, Box 1350		15e NO	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased					
16 Daniel Ballard		17 Cara Haney		18 Juanita Anderson, Daughter					
BURIAL, CREMATION, REMOVAL, etc. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
20a Mike O'Hair		20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		21a December 17, 1979		21c 12:05 A.			
To be completed by CERTIFYING PHYSICIAN Only		CERTIFIER—NAME AND TITLE (Type or print)		MAILING ADDRESS (Street, city or town, state, zip)					
		21d Charles D. Bury M.D. 2865 Daggett St., 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 DEC 17 1979		22b [Signature] Marian Ackerman							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)									
(a) Cardiac arrest									
(b) A.S.H.T.									
(c)									
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					
24 No		25 [Specify Yes or No]		No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO CITY OR TOWN STATE			
26e		26f		26g					

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date DEC 18 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 18th day of December A.D., 19 79 at 3:27 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 29061.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha H. Heltch Deputy