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

Vol. 29 Page 29372

CERTIFICATE OF DEATH

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DECEASED—NAME		First	Middle	Last	State File Number
1		Lilly	Margaret	Tockey	DATE OF DEATH (month, day, year)
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	DATE OF BIRTH (month, day, year)
3 White		4 Female	5a 69	5b (this) 5c (days) 5d (hours) 5e (min)	6 March 17, 1910
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	
7a Klamath		7b Klamath Falls		7c Merle West Medical Center	
7a Klamath		7b Klamath Falls		7c Merle West Medical Center	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
8 Nebraska		9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)	
13 542-01-3742		14a Homemaker		11 George A. Tockey	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D. NO., ZIP	
15a Oregon		15b Klamath	15c Klamath Falls	15d 4403 Shasta Way 97601	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased	
16 Jens Petersen		17 Anna Moeller		18 George A. Tockey, Husband	
BURIAL, CREMATION, REMOVAL, MAUS. (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.)	
20a Mark S. Kochevar		20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore 97601		21b 12-17-79	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, (Signature) Mark S. Kochevar M.D.		21b 12-17-79		21c 10:51 A. M	
CERTIFIER—NAME AND TITLE (Type or print)		MAILING ADDRESS (Street, city or town, state, zip)			
21d Mark S. Kochevar M.D. 1905 Main 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).)		Interval between onset and death			
(a) Cardiac arrhythmia		10 min			
(b) Coronary artery disease		6 yrs			
(c) Arteriosclerotic heart disease		10 yrs			
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] Yes			
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.

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 21st day of December A.D., 19 79 at 4:25 o'clock P M., and duly recorded in Vol. 1179, of Deeds on Page 29372.

FEE \$3.50

WM. D. MILNE, County Clerk

By Penelope A. Smith, Deputy