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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. M80 Page 1779

CERTIFICATE OF DEATH

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DECEASED—NAME 1 <u>Beatrice</u>		First Middle Last <u>W. Orr</u>		State File Number	
RACE <u>White</u> etc. (specify)		SEX <u>Female</u>	AGE—Last birthday (years) <u>71</u>	DATE OF DEATH (month, day, year) 2 <u>January 13, 1980</u>	
COUNTY OF DEATH 7a <u>Klamath</u>		CITY, TOWN OR LOCATION OF DEATH 7b <u>Klamath Falls</u>		DATE OF BIRTH (month, day, year) 6 <u>October 5, 1908</u>	
STATE OF BIRTH (If not in U.S.A. name country) 8 <u>California</u>		CITIZEN OF WHAT COUNTRY 9 <u>U.S.A.</u>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either give street and number) 7c <u>903 Loma Linda Dr.</u>	
SOCIAL SECURITY NUMBER 13 <u>543-36-1699</u>		MARIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>Married</u>		SPOUSE (IF MARRIED, WIDOWED) 11 <u>Thomas J. Orr</u>	
RESIDENCE—STATE 15a <u>Oregon</u>		COUNTY 15b <u>Klamath</u>		KIND OF BUSINESS OR INDUSTRY 14b	
CITY, TOWN, OR LOCATION 15c <u>Klamath Falls</u>		STREET AND NUMBER OR R.F.D., ZIP 15d <u>903 Loma Linda Dr. 97601</u>		INSIDE CITY LIMITS (specify yes or no) 15e <u>Yes</u>	
FATHER—NAME first middle last 16 <u>Charles S. Weddle</u>		MOTHER—Maiden Name first middle last 17 <u>Mary Jacobs</u>		INFORMANT—NAME and relationship to deceased 18 <u>Thomas J. Orr, Husband</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <u>Cremation</u>		CEMETERY OR CREMATORY—NAME 19b <u>Eternal Hills Crematory</u>		LOCATION city or town state 19c <u>Klamath Falls, Oregon</u>	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a <u>[Signature]</u>		NAME AND ADDRESS OF FACILITY 20b <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>1-14-80</u>	
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) <u>[Signature]</u> CERTIFIER—NAME AND TITLE (Type or print) 21d <u>Fletcher F. Conn, M.D.</u>		MAILING ADDRESS (Street, city or town, state, zip) 21e <u>1905 Main St., Klamath Falls, Oregon 97601</u>		HOUR OF DEATH 21c <u>7:20 P. M</u>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>JAN 14 1980</u>		REGISTRAR 22b (Signature) <u>[Signature]</u>			
PART I 23 IMMEDIATE CAUSE (a) <u>Cardio-Pulmonary Arrest</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Coronary Arteriosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Coronary Arteriosclerosis</u>		Interval between onset and death <u>Immediate</u> <u>34 Months</u> <u>34 Months</u>			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY (Specify Yes or No) 24 <u>No</u>	WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) <u>Yes</u>
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy RegistrarVOID IF ALTERED JAN 15 1980NOT 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 28th day of January A.D., 19 80 at 4:36 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 1779.

FEE \$3.50

WM. D. MILNE, County Clerk

By [Signature] Deputy