80336

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

Vol. M80 Page 2399

Local File Number 14

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First: REITA Middle: ELLA Last: MORRIS

2. DATE OF DEATH (month, day, year): January 13, 1980

3. RACE White, Black, American Indian, etc. (specify): White

4. SEX: Female

5a. AGE—Last birthday (years): 87

5b. Under 1 year: mons. days

5c. Under 1 day: hours min.

6. DATE OF BIRTH (month, day, year): October 6, 1892

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): Washburn Manor

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): Oregon

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11. SPOUSE (IF MARRIED, WIDOWED): Ira B. Morris

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13. SOCIAL SECURITY NUMBER: 540 - 78 - 9025

14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife

14b. KIND OF BUSINESS OR INDUSTRY: At home

15a. RESIDENCE—STATE: Oregon

15b. COUNTY: Klamath

15c. CITY, TOWN, OR LOCATION: Klamath Falls

15d. STREET AND NUMBER OR R.F.D., ZIP: 3102 Western Street 97601

15e. Inside City Limits (specify yes or no): No

16. FATHER—NAME first middle last: Charles - Beck

17. MOTHER—Maiden Name, first middle last: Jeanette - Kendrick

18. INFORMANT—NAME and relationship to deceased: Ira B. Morris (Husband)

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 97601

20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): [signature]

NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. CERTIFIER — NAME AND TITLE (Type or print): [signature] M.D.

21b. DATE SIGNED (Mo., Day, Yr.): Jan 21, 1980

21c. HOUR OF DEATH: 7:50 P. M

21d. MAILING ADDRESS (Street, city or town, state, zip): John D. Merryman, M.D., 303 Pine Street, Klamath Falls, Oregon 97601

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

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JAN 21 1980

22b. REGISTRAR (Signature): [signature]

23. PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Cardiac Arrest — Interval between onset and death: 5 min.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Arteriosclerotic Heart disease — Interval between onset and death: 30 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

24. AUTOPSY (Specify Yes or No): No

25. WAS CASE REFERRED TO MEDICAL EXAMINER (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

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 [signature] Deputy Registrar

Date JAN 21 1980

VOID IF ALTERED

35¢ cash

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 6th day of February A.D., 19 80 at 1:39 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 2399.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Aletsch Deputy