

80656

## CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number	
1 MAXINE ANNE NASH					2 February 8, 1980	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Female	5a 62	5b mos. days	5c hours min.	6 March 7, 1917
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (if not in within, give street and number)	
7a Klamath		7b Klamath Falls			7c West Medical Center	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		IF HOSP. OR INST. indicate DOA, OP/Emr. Rm., Inpatient (Specify)
8 Oregon		9 USA		10 Married		7d Inpatient
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working, life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
13 540 - 14 - 3295		14a Housewife		11 John W. Nash		12 No
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	KIND OF BUSINESS OR INDUSTRY		
15a Oregon		15b Klamath	15c Klamath Falls	14b At home		
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify Yes or No)
16 Ernest P. Sigsby		17 Mary Kasper		15d 1221 No. Eldorado Ave.		15e Yes
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		INFORMANT—NAME and relationship to deceased		
19a Mausoleum		19b Haven of Rest Mausoleum		18 John W. Nash (Husband)		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		NAME AND ADDRESS OF FACILITY		LOCATION city or town state		
20		20a Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601		19c Klamath Falls, Oregon 97601		
To be Completed by CERTIFYING PHYSICIAN Only		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated,		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21a (Signature) E.E. Howard		21b M.D.		21c 7-8-80		21d 8:05 A.
CERTIFIER—NAME AND TITLE (Type or print)		MAILING ADDRESS (Street, city or town, state, zip)				
21d E.E. Howard, M.D., 2622 Campus Drive, 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 FEB 11 1980		22b (Signature) Marian Ackerman				
23 IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]				
PART I (a) HEART FAILURE				Interval between onset and death		12 HOURS
(b) ARTERIO SCLEROSIS				Interval between onset and death		YEARS
(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)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER		
II SEVERE ARTERIO SCLEROSIS LOWER EXTREMITIES		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

FEB 12 1980

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 13th day of February A.D., 19 80 at 3:20 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 2906.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha Heloch Deputy