80711

467

Local File Number

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M80 Page 2992

State File Number

DECEASED—NAME (1): First: Joyce; Middle: L.; Last: Riker

DATE OF DEATH (month, day, year) (2): December 19, 1979

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

SEX (4): Female

AGE—Last birthday (years) (5a): 62

Under 1 year: mos. (5b) / days; Under 1 day: hours / min. (5c)

DATE OF BIRTH (month, day, year) (6): October 5, 1917

COUNTY OF DEATH (7a): Klamath

CITY, TOWN OR LOCATION OF DEATH (7b): Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) (7c): Merle West Medical Center

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) (7d): Inpatient

STATE OF BIRTH (If not in U.S.A., name country) (8): North Dakota

CITIZEN OF WHAT COUNTRY (9): U.S.A.

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

SPOUSE (IF MARRIED, WIDOWED) (11): Joseph T. Riker Sr.

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

SOCIAL SECURITY NUMBER (13): 535-24-9335

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

KIND OF BUSINESS OR INDUSTRY (14b): -

RESIDENCE—STATE (15a): Oregon

COUNTY (15b): Klamath

CITY, TOWN, OR LOCATION (15c): Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP (15d): 6360 So. 6th St. 97601

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

FATHER—NAME first middle last (16): C.M. Packard

MOTHER—Maiden Name first middle last (17): Marietta Danford

INFORMANT—NAME and relationship to deceased (18): Joseph T. Riker Sr.

BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a): Burial

CEMETERY OR CREMATORY—NAME (19b): Eternal Hills Memorial Gardens

LOCATION city or town state (19c): Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature] (20a): [signature]

NAME AND ADDRESS OF FACILITY (20b): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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.

21a [Signature]: [signature]

DATE SIGNED [Mo., Day, Yr.] (21b): 12/20/79

HOUR OF DEATH (21c): 10:30 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] (21d): William G. Holford Jr. M.D. 4036 So. 6th St., Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] (22a): DEC 2 1 1979

REGISTRAR (22b) [Signature]: [signature]

PART I

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

(a): [illegible]

DUE TO, OR AS A CONSEQUENCE OF:

(b):

DUE TO, OR AS A CONSEQUENCE OF:

(c):

Interval between onset and death: 16 minutes

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

Interval between onset and death:

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): No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (25) [Specify Yes or No]: No
INJURY AT WORK [Specify Yes or No] (26e)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] (26f)		LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)		

RESERVED FOR REGISTRAR'S USE

Return to

McCOBB & ORCUTT
ATTORNEYS AT LAW
1763 WASHBURN WAY
KLAMATH FALLS, OREGON 97601

VS-2 Rev-1-78 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 DEC 2 1 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 14th day of February A.D., 19 80 at 1:48 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 2992.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Fetsch Deputy