81122

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

Vol. M80 Page 3652
78-019665

477
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 First: VIVIAN	Middle: --	Last: DICKERSON		DATE OF DEATH (month, day, year) 2: December 20, 1978	
RACE White, Black, American Indian, etc.(specify) 3: Black 2	SEX 4: Female	AGE—Last birthday (years) 5a: 60	Under 1 year: mos. 5b / days	Under 1 day: hours 5c / min.	DATE OF BIRTH (month, day, year) 6: April 16, 1918
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: Presbyterian Intercomm.			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: Tennessee	CITIZEN OF WHAT COUNTRY 9: U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married	SPOUSE (IF MARRIED, WIDOWED) 11: Moses Richard		WAS DECEDENT EVER IN U.S ARMED FORCES? (Specify Yes or No) 12: No
SOCIAL SECURITY NUMBER 13: 564 - 01 - 8678	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Homemaker		KIND OF BUSINESS OR INDUSTRY 14b: Homemaking		
RESIDENCE—STATE 15a: Oregon	COUNTY 15b: Klamath	CITY, TOWN, OR LOCATION 15c: Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d: 2316 Eberlein St. 97601		Inside City Limits (specify yes or no) 15e: Yes
FATHER—NAME first middle last 16: N/R	MOTHER—Maiden Name first middle last 17: Easter N/R		INFORMANT—NAME and relationship to deceased 18: Moses Richard Dickerson - Hs		
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: James K. Reed	NAME AND ADDRESS OF FACILITY 20b: WARDS -- 1945 Main -- 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.

21a [Signature] Everett E. Howard	DATE SIGNED (Mo., Day, Yr.) 21b: 12/27/78	HOUR OF DEATH 21c: 5:50 P M	
CERTIFIER — NAME AND TITLE (Type or print) 21d: Everett E. Howard, M.D.	MAILING ADDRESS (Street, city or town, state, zip) 2622 Campus Dr. -- Klamath Falls, Or. 97601		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e:			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: DEC 28 1978	REGISTRAR 22b [Signature]: Marvin C. Haun		

PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
(a) DIABETIC RENAL DISEASE WITH UREMIA		2 years
DUE TO, OR AS A CONSEQUENCE OF: (b) DIABETES MELLITUS		15 years
DUE TO, OR AS A CONSEQUENCE OF: (c)		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	AUTOPSY (Specify Yes or No) 24: No	WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No): No

ACCIDENT (Specify Yes or No) 26a: No	DATE OF INJURY (Mo, Day, Yr) 26b	HOUR OF INJURY 26c: M	DESCRIBE HOW INJURY OCCURRED 26d	
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

DATE ISSUED FEBRUARY 8 1979

STATE OF OREGON, COUNTY OF MULTNOMAH) ss.

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR
Marvin C. Haun

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of February A.D., 19 80 at 1:37 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 3652.

FEE $3.50

WM. D. MILNE, County Clerk
By Lenetha Gelsch Deputy