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

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81260

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# CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME (1) First: EUNICE Middle: I. Last: SILVERS

DATE OF DEATH (month, day, year) (2): February 17, 1980

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

SEX (4): Female

AGE—Last birthday (years) (5a): 74

Under 1 year: mos. (5b) days (5c)

Under 1 day: hours (5c) min.

DATE OF BIRTH (month, day, year) (6): July 10, 1905

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): Klamath Co. Nursing Home

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): Wisconsin

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

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

SPOUSE (IF MARRIED, WIDOWED) (11): Arthur Silvers

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

SOCIAL SECURITY NUMBER (13): 540-36-2913

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

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): 4912 Lorraine Place 97601

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

FATHER—NAME first middle last (16): Simon Peter Harmon

MOTHER—Maiden Name first middle last (17): Emma R. Flint

INFORMANT—NAME and relationship to deceased (18): Evelyn S. Miller, daughter

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 97601

FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] (20a): William F. Davenport

NAME AND ADDRESS OF FACILITY (20b): Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

DATE SIGNED [Mo., Day, Yr.] (21b): 2-22-80

HOUR OF DEATH (21c): 5:03 A. M

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]: K. Magee

NAME AND ADDRESS OF CERTIFIER [Type or Print] (21d): Kenneth K. Magee, MD, 905 Main Street, Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] (22a): FEB 28 1980

REGISTRAR (22b) [Signature]: Marian Ackerman

PART I — ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].

(23) IMMEDIATE CAUSE (a): Cardiac arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF: (b): Severe Debility — Interval between onset and death: months

DUE TO, OR AS A CONSEQUENCE OF: (c): Malignant Schwannoma — Interval between onset and death: 2 yrs.

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 OR CORONER [Specify Yes or No] (25): No

ACCIDENT [Specify Yes or No] (26a)

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-1-78 P-65412

'80 FEB 28 PM 2 58

Evelyn S. Miller
Box A
Merrill, Or.

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 2 2 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 28th day of February A.D., 19 80 at 2:58 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 3852.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetta D. Leitch Deputy