83012

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

Vol. M 80 Page 6716

Local File Number 114

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1	First J.	Middle Lucille	Last Alexander	DATE OF DEATH (month, day, year) 2	April 2, 1980
RACE White, Black, American Indian, etc. (specify) 3	White	SEX 4 Female	AGE—Last birthday (years) 5a 72	Under 1 year: months / days 5b; Under 1 day: hours / min. 5c	DATE OF BIRTH (month, day, year) 6 October 11, 1907
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	Oklahoma	CITIZEN OF WHAT COUNTRY 9	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Widowed
SPOUSE (IF MARRIED, WIDOWED) 11	William B. Alexander	WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12	No		
SOCIAL SECURITY NUMBER 13	448-09-7833	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Laundry Attendant	KIND OF BUSINESS OR INDUSTRY 14b	Laundry
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath	CITY, TOWN, OR LOCATION 15c	Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP 15d	3211 Diamond St. 97601	Inside City Limits (specify yes or no) 15e	No		
FATHER—NAME first middle last 16	James Elisha Roberts	MOTHER—Maiden Name first middle last 17	Altha Mae Mefford	INFORMANT—NAME and relationship to deceased 18	Norman Alexander, son
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a	Mausoleum	CEMETERY OR CREMATORY—NAME 19b	Haven of Rest Mausoleum	LOCATION city or town state 19c	Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE Or pers. 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] CERTIFIER — NAME AND TITLE (Type or print)	Kenneth L. Tuttle M.D.	DATE SIGNED [Mo., Day, Yr.] 21b	April 4, 1980
HOUR OF DEATH 21c	11:15 P. M		
MAILING ADDRESS (Street, city or town, state, zip) 21d	Kenneth L. Tuttle M.D. 2680 Uhrmann Rd., Klamath Falls, Oregon 97601		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e			

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	APR 04 1980	REGISTRAR 22b [Signature]	Stella Marie

PART I IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

(a) Metastatic adenocarcinoma—Primary unknown — 6 mo.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Liver failure secondary to obstruction of — 4 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(c) common duct.

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		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 STREET OR R.F.D. NO. CITY OR TOWN STATE 26g

RESERVED FOR REGISTRAR'S USE

Ret. Norman Alexander
Rt 3 Box 2347
City

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.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Stella Marie, Deputy Registrar
Date April 4, 1980

VOID IF ALTERED

3 50 cth

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 9th day of April A.D., 19 80 at 3:06 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 6716.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha Aletech Deputy