84008

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

Vol. M80 Page 8326

169
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First HILDA Middle MARY Last CADDY

2 DATE OF DEATH (month, day, year): May 22, 1979

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

4 SEX: Female

5a AGE—Last birthday (years): 77

5b Under 1 year

5c Under 1 day

6 DATE OF BIRTH (month, day, year): May [illegible], 19[illegible]

7a COUNTY OF DEATH: Klamath

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

7c HOSPITAL OR OTHER INSTITUTION—NAME: West Medical Center

7d If not in hospital or institution, give street address or location: Resident

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

8b CITIZEN OF WHAT COUNTRY: U.S.A.

9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

10 SPOUSE (IF MARRIED, WIDOWED, OR DIVORCED): [illegible]

11 Was deceased ever in U.S. Armed Forces? (Yes or No): No

12 SOCIAL SECURITY NUMBER: 340 - 05 - 6551

13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

13b KIND OF BUSINESS OR INDUSTRY: Homemaking

14a RESIDENCE—STATE: Oregon

14b COUNTY: Klamath

14c CITY, TOWN, OR LOCATION: Klamath Falls

14d STREET AND NUMBER OR R.F.D., ZIP: 2967 Eberlein Street 97601

14e Inside City Limits (Yes or No): Yes

15 FATHER—NAME first middle last: Thomas Tomesek

16 MOTHER—Maiden Name first middle last: Julia Styles

17 INFORMANT—NAME and relationship to deceased: Ruth Cliff - Daughter

18a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify): Burial

18b CEMETERY OR CREMATORY—NAME: Oakdale Memorial Park

18c LOCATION city or town, state: Glendora, California

19a LICENSEE (Signature and Title) As Such: [signature]

19b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Oregon 97601

20 To be completed by CERTIFYING PHYSICIAN Only: I hereby certify that I attended the deceased from the date and that death occurred at the time, date and place and due to the cause(s) stated.

21a To be signed: [signature]

21b DATE SIGNED (Mo., Day, Yr.): 5/22/79

21c HOUR OF DEATH: 2:35 A M

21d CERTIFIER — NAME AND TITLE (Type or print): George B. Redon, M.D. / MAILING ADDRESS (Street, city or town, state, zip): 2610 Uhrmann Road - Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 23 1979

22b REGISTRAR [Signature]: Marian Ackerman

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

PART I
(a) Cerebral thrombosis
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic cardiovascular disease
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)

24 AUTOPSY (Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER (Yes or No): No

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

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

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-6-78 P-65412

Ret: Marris
Jay ann Allyard
3242
K. Falls,

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 MAY 23 1979
VOID IF ALTERED

Ck 3.50

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 6th day of May A.D., 1980 at 1:29 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 8326.

FEE $3.50

WM. D. MILNE, County Clerk
By Pamela J. Stock Deputy