84637 65

Local File Number

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

# CERTIFICATE OF DEATH

Vol. M80 Page 9368

State File Number

1 DECEASED—NAME First: Alice Middle: Suttner Last: Bishop

2 DATE OF DEATH (month, day, year): February 23, 1980

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

4 SEX: Female

5a AGE—Last birthday (years): 79

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): April 25, 1900

7a COUNTY OF DEATH: Klamath

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

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

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

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): John Bishop Sr.

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

13 SOCIAL SECURITY NUMBER: 541-09-8366 - B

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

14b KIND OF BUSINESS OR INDUSTRY: Home Making

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1337 Tamera Drive

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

16 FATHER—NAME first middle last: Conrad N. Suttner

17 MOTHER—Maiden Name first middle last: Mary E. Marshall

18 INFORMANT—NAME and relationship to deceased: John B. Bishop Sr. - Husband

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

19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery

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

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: Merrill Bish

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. 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]: John D. Merryman M.D.

21b DATE SIGNED [Mo., Day, Yr.]: Feb. 25, 1980

21c HOUR OF DEATH: 12:00 Noon

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Dr. John D. Merryman 303 Pine St. Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: FEB 25 1980

22b REGISTRAR [Signature]: Marian Ackerman

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

(a) Cardiac Arrest — Interval between onset and death: 5 min.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Myocardial Infarction — Interval between onset and death: 5 min.

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerotic Heart Disease — Interval between onset and death:

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

24 AUTOPSY [Specify Yes or No]: No

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify 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-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 Marian Ackerman, Deputy Registrar

Date FEB 26 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 22nd day of May A.D., 19 80 at 10:59 o'clock A M., and duly recorded in Vol. M80, of Deeds on Page 9368.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Aketsch Deputy

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