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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS - 146

291 — Local File Number

State File Number

DECEASED—NAME (1) First: Ima; Middle: Jean; Last: Apodaca

(2) DATE OF DEATH (MONTH, DAY, YEAR): August 4, 1980

(3) RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White

(4) SEX: Female

(5A) AGE—LAST BIRTHDAY (YEARS): 44

(5B) UNDER 1 YEAR — MOS.: ; DAYS: ; (5C) UNDER 1 DAY — HOURS: ; MIN.:

(6) DATE OF BIRTH (MONTH, DAY, YEAR): June 7, 1936

(7A) CITY, TOWN, OR LOCATION OF DEATH: Dairy

(7B) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Hwy. 140, ½ M. West Dairy

(7C) IF HOSP. OR INST., INDICATE DOA, OP/EMER, INPATIENT (SPECIFY): Highway

(7D) COUNTY OF DEATH: Klamath

(8) STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): New Mexico

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

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced

(11) SPOUSE (IF MARRIED, WIDOWED): –

(12) WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

(13) SOCIAL SECURITY NUMBER: 542-40-7030

(14A) USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Bartender

(14B) KIND OF BUSINESS OR INDUSTRY: Bartender

(15A) RESIDENCE—STATE: Oregon

(15B) COUNTY: Klamath

(15C) CITY, TOWN, OR LOCATION: Bonanza

(15D) STREET AND NUMBER OR R.F.D.: Rt. 1, Box 496 B A

(15E) INSIDE CITY LIMITS (SPECIFY YES OR NO): No

(16) FATHER—NAME FIRST MIDDLE LAST: John Kelley

(17) MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Ina Cox

(18) INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Ina Dyess, Mother

(19A) BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial

(19B) CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

(19C) LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon

(20A) FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE: [signature]

(20B) NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

(21A) DEATH OCCURRED (HOUR): 7:20 P.M.

(21B) THE DECEDENT WAS PRONOUNCED DEAD — MONTH DAY YEAR HOUR: August 4, 1980 9:10 P.M.

(21C) FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

(21D) CERTIFIER — SIGNATURE: [signature]

(21E) NAME—(TYPE OR PRINT): George R. Nicholson DEGREE OR TITLE: M.D.

(21F) MEDICAL EXAMINER FOR: Klamath COUNTY

(21G) DATE SIGNED (MONTH, DAY, YEAR): AUG 11 1980

(22A) DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): AUG 11 1980

(22B) REGISTRAR (SIGNATURE): Claudia Francis

(23) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))

PART I
(A) DUE TO, OR AS A CONSEQUENCE OF: Crushing Injuries of Head & Chest — INTERVAL BETWEEN ONSET AND DEATH: instant
(B) DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
(C) — 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

(25A) DATE OF INJURY (MONTH, DAY, YEAR): Aug. 4, 1980

(25B) HOUR: 7:10 P.M.

(25C) HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): 2 vehicle automobile accident (driver)

(25D) INJ. AT WORK (SPECIFY YES OR NO): No.

(25E) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Hwy. 140

(25F) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): Hwy. 140, ½ M. West Dairy Klamath Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

HS-107 REV. 1-80

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 Claudia Francis, Deputy Registrar

Date AUG 14 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 19th day of August A.D., 19 80 at 11:21 o'clock A M., and duly recorded in Vol M80, of Deeds on Page 15667.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha A Hetrick Deputy