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

Vol. 780 Page 16317

304

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last MARGARET MAZONA MANGUM			DATE OF DEATH (month, day, year) 2 August 19, 1980		
1 RACE White, Black, American Indian, etc. (specify) 3 White	2 SEX 4 Female	5 AGE—Last birthday (years) 5a 70	6 Under 1 year 6b mos 6c days	7 Under 1 day 7a hours 7b min	DATE OF BIRTH (month, day, year) 6 August 17, 1910
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center		IF HOSP OR INST. Indicate DOA, OP/Enter, Rm., Inpatient (Specify) 7c Inpatient	
STATE OF BIRTH (If not in U.S.A., name country) 8 Indiana		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	
SOCIAL SECURITY NUMBER 13 551 - 14 - 2938		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker		KIND OF BUSINESS OR INDUSTRY 14b Domestic	
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath		CITY, TOWN, OR LOCATION 15c Klamath Falls	
FATHER—NAME first middle last 16 James Walton		MOTHER—Maiden Name first middle last 17 Laura Chandler		INFORMANT—NAME and relationship to deceased 18 Jesse B. Mangum - Husband	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b External Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE (If person Acting As Such, (Signature) 20a <i>James H. Leland</i>		NAME AND ADDRESS OF FACILITY 20b WARD'S - 1945 Main - Klamath Falls, Oregon 97601			
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <i>Everett E. Howard</i>		DATE SIGNED (Month, Day, Year) 21b AUG 21 1980		HOUR OF DEATH 21c 3:18 P.M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Everett E. Howard, M.D. / 2622 Campus Dr / Klamath Falls, Or. 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a AUG 22 1980		REGISTRAR 22b (Signature) <i>Claudia Francis</i>			
PART I IMMEDIATE CAUSE (a) CARDIAC FAILURE—TRIPLE VALVE HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH YEARS			
(b) RHEUMATIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH YEARS			
(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)		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	
ACCIDENT (Specify Yes or No) 26a No	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	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					

HS-2 Rev-1-80

Return to: D. H. Woods, 2261 South 6th Street, Klamath Falls, OR 97601

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 *Claudia Francis*, Deputy Registrar
Date AUG 22 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 27th day of August A.D., 1980 at 4:37 o'clock P.M., and duly recorded in Vol 780 of Deeds on Page 16317.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Dorothy Smith* Deputy