

90224

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

Vol. 80 Page 18371

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First Middle Last Ruth E. King		2 DATE OF DEATH (month, day, year) September 9, 1980	
3 RACE White, Black, American Indian, etc. (specify) White		4 SEX Female	
5 AGE—Last birthday (years) 83		6 DATE OF BIRTH (month, day, year) February 11, 1897	
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 6041 Climax Ave.	
8 STATE OF BIRTH (if not in U.S.A., name country) Nebraska		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 SOCIAL SECURITY NUMBER 549-34-3333		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	
12 RESIDENCE—STATE Oregon		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Newspaper Reporter	
14a COUNTY Klamath		14b KIND OF BUSINESS OR INDUSTRY Newspaper	
15a CITY, TOWN, OR LOCATION Klamath Falls		15b STREET AND NUMBER OR R.F.D., ZIP 6041 Climax Ave. 97601	
16a FATHER—NAME first middle last Raymond T. Jester		16b MOTHER—Maiden Name first middle last Lyda E. McCreary	
17a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Cremation		17b CEMETERY OR CREMATORY—NAME Eternal Hills Crematory	
18a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) Mike O'Hair		18b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	
19a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated To be completed by physician only 20a (Signature) Jon G. McKellar		20b DATE SIGNED (Mo., Day, Yr.) 9/9/80	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Jon G. McKellar M.D. 2850 Daggett St., Klamath Falls, Oregon 97601		21b HOUR OF DEATH 8:45 A.	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 10 1980		22b REGISTRAR (Signature) Claudia Francis	
23 IMMEDIATE CAUSE PART I (a) (ii) <u>Atherosclerotic Cardio-Vascular Disease</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Essential Hypertension</u> DUE TO, OR AS A CONSEQUENCE OF: (c) 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 ACCIDENT (Specify Yes or No) No		25b DATE OF INJURY (Mo., Day, Yr.) No	
25c HOURS OF INJURY No		25d DESCRIBE HOW INJURY OCCURRED No	
25e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		25f LOCATION No	
25g STREET OR R.F.D. NO No		25h CITY OR TOWN No	
25i STATE No		25j WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	

RESERVED FOR REGISTRAR'S USE

Marilyn Rethay
2625 Homedale
K Falls, Or.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

By Claudia Francis, Deputy Registrar
Date SEP 11 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 24th day of

HS-2 Rev-1-80