

91054

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

Vol. 1780 Page 19664

323

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
Winifred				Davis	2 August 30, 1980	
1 RACE White, Black, American Indian, etc. (specify)	2 SEX	3 AGE—Last birthday (years)	4 Under 1 year	5 Under 1 day	6 DATE OF BIRTH (month, day, year)	
White	Female	74	5b mos days	5c hours min	6 November 19, 1906	
7a CITY, TOWN OR LOCATION OF DEATH		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify)		7d COUNTY OF DEATH
Klamath Falls		Merle West Med. Cen.		Inpatient		Klamath
8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 SPOUSE (IF MARRIED, WIDOWED)		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Scotland	U.S.A.	Married		Vern Davis		No
13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14b KIND OF BUSINESS OR INDUSTRY		
515-05-2657-A		Sales Clerk		Retail Clothing		
15a RESIDENCE—STATE		15b COUNTY	15c CITY, TOWN, OR LOCATION		15d STREET AND NUMBER OR R.F.D., ZIP	
Oregon		Klamath	Klamath Falls		5425 Harlan Drive	
16 FATHER—NAME first middle last		17 MOTHER—Maiden Name first middle last		18 INFORMANT—NAME and relationship to deceased		
George Young				Vern Davis - Husband		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19b CEMETERY OR CREMATORY—NAME		19c LOCATION city or town state		
Cremation		Eternal Hills Crematory		Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		20b NAME AND ADDRESS OF FACILITY		20c O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls,		
Mike O'Hair						
21a (Signature) Dr. Everett E. Howard		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b SEP 2 1980		11:50 P. M.		
21d Dr. Everett E. Howard		2622 Campus Drive		Klamath Falls, Ore. 97601		
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22b REGISTRAR				
SEP 3 1980		Claudia Francis				
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c])		Interval between onset and death				
(a) MYOCARDIAL INFARCTION		DAY				
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		25 AUTOPSY (Specify Yes or No)		26 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
PNEUMONIA - RT. LUNG		No		Yes		
26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED		26e	
26a INJURY AT WORK (Specify Yes or No)	26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26c LOCATION	26d STREET OR R.F.D. NO.		26e CITY OR TOWN	26f STATE
RESERVED FOR REGISTRAR'S USE						

Richard C. Bessley
220 Main #2A
K. Falls, O.

HS-2 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar
Date SEP 3 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 8th day of October A.D., 19 80 at 4:46 o'clock P M., and duly recorded in Vol. 1180 of Deeds on Page 19664.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha A. Lock Deputy