

385
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME—First Middle Last 1 CLAYTON (NMI) FOSTER		DATE OF DEATH (month, day, year) 2 October 24, 1980	
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Male	AGE—Last birthday (years) 5a 65	DATE OF BIRTH (month, day, year) 6 December 27, 1914
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 OOA, OP/Emgr., Rm., Inpatient (Specify) 7c Inpatient	COUNTY OF DEATH 7d Klamath
STATE OF BIRTH (If not in U.S.A. name country) 8 Iowa	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Ruth Mary Foster
SOCIAL SECURITY NUMBER 13 483-09-7664	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Contractor	KIND OF BUSINESS OR INDUSTRY 14b Building Trades	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Bonanza	STREET AND NUMBER OR R.F.D., ZIP 15d Rt. 1 Box 420 97623
FATHER—NAME first middle last 16 Luther Foster	MOTHER—Maiden Name first middle last 17 Eva Brown	INFORMANT—NAME and relationship to deceased 18 Ruth Mary Foster, wife	
BURIAL, CREMATION, REMOVAL, MAUS, (specify) 19a Cremation	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Crematory	LOCATION city or town state 19c Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a William J. Davenport	NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Kenneth K. Magee		DATE SIGNED (Mo., Day, Yr.) 21b 10/31/80	HOUR OF DEATH 21c 5:35 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Kenneth K. Magee, MD, Medical Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a OCT 31 1980		REGISTRAR 22b (Signature) Claudine 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: Cerebral Aneurysm		Interval between onset and death 1 day	
(b) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia		Interval between onset and death 6 hrs	
(c) DUE TO, OR AS A CONSEQUENCE OF: Sudden Hypertension		Interval between onset and death 2 hrs	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
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

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 Claudine Francis, Deputy Registrar

Date OCT 31 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 31st day of October A.D., 19 80 at 2:51 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 21165.

FEE \$3.50

WM. D. MILNE, County Clerk

By Berntha Adeloth Deputy