

92290

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vol. M80 Page 21705

391

Vital Records Unit
CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last JUANITA L. HAWK			DATE OF DEATH (month, day, year) October 30, 1980		
RACE (White, Black, American Indian, etc. (specify)) White		SEX Female	AGE—Last birthday (years) 48		DATE OF BIRTH (month, day, year) February 4, 1932
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Kl. Co. Nursing Home		COUNTY OF DEATH Klamath	
STATE OF BIRTH (If not in U.S.A., name country) Colorado		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		SPOUSE (IF MARRIED, WIDOWED) Floyd Hawk
SOCIAL SECURITY NUMBER 495 - 34 - 8203		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker		KIND OF BUSINESS OR INDUSTRY Domestic	
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Keno	STREET AND NUMBER OR R.F.D., ZIP PO Box 74 97627	
FATHER—NAME first middle last David Dowl Helphrey		MOTHER—Maiden Name first middle last Fern Pinkston		INFORMANT—NAME and relationship to deceased Floyd Hawk - Husband	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Keno Cemetery		LOCATION city or town state Keno, Oregon	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>James R. Spind</i>		NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601			
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>E. McClure</i>		DATE SIGNED (Mo., Day, Yr.) 11/3/80		HOUR OF DEATH 9:30 P M	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Edward T. McClure, M.D. / Suite 200, 905 Main / Klamath Falls, Oregon		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) NOV 4 1980		REGISTRAR <i>Claudia Francis</i>			
22 IMMEDIATE CAUSE Cancer of Breast		Interval between onset and death			
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) 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

Ref. to Floyd Hawk
P.O. Box 74
Keno, Ore. 97626

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 **NOV 4 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

10th day of November A.D., 19 80 at 9:53 o'clock A M., and duly recorded in

Vol M80 of Deeds on page 21705.

Fee \$ \$3.50

WM. D. MILNE, County Clerk
by *Bernetha J. Saloth* deputy