

95172

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

Vol. M81

Page

1304

CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
1 Mary Lorraine Williams		2 January 4, 1981	
RACE White, Black, American Indian, etc. (specify)		DATE OF BIRTH (month, day, year)	
3 White		6 September 26, 1898	
SEX		COUNTY OF DEATH	
4 Female		7d Klamath	
AGE—Last birthday (years)		HOSPITAL OR OTHER INSTITUTION—NAME	
5a 82		7b Highland Care Cen.	
CITY, TOWN OR LOCATION OF DEATH		IF HOSP. OR INST. Indicate DOA, OP, Emer., Pen., Inpatient (Specify)	
7a Klamath Falls		7c Inpatient	
STATE OF BIRTH (If not in U.S., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
8 South Dakota		10 Widowed	
CITIZEN OF WHAT COUNTRY		SPOUSE (IF MARRIED, WIDOWED)	
9 U.S.A.		11 Vernon D.	
SOCIAL SECURITY NUMBER		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
13 544-24-2325		12 No	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
14a School Teacher		14b Education	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a Oregon		15c Klamath Falls	
COUNTY		STREET AND NUMBER OR R.F.D., ZIP	
15b Klamath		15d 3300 Homedale Road 97601	
FATHER—NAME		INFORMANT—NAME and relationship to deceased	
16 James Finley		18 Helen M. Morehouse-Daughter	
MOTHER—Maiden Name		LOCATION city or town state	
17 Christina V. Bayer		19c Klamath Falls, Oregon	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		FUNDAL SERVICE LICENSEE or Person Acting As Such	
19a Burial		19b Mt. Calvary Cemetery	
CEMETERY OR CREMATORY—NAME		NAME AND ADDRESS OF FACILITY	
20a O'Hair's Funeral Chapel		20b 515 Pine St. Klamath Falls	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)	
21a (Signature) Dr. Rand Hale		21b 1/5/81	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH	
21d Dr. Rand Hale 2850 Daggett Road Klamath Falls, Ore. 97601		21c 12:55 P.M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
22a		22b (Signature) Claudia Francis	
PART 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
(a) Respiratory arrest		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART 24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
24 Status post Femoral neck fracture			
AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
24 No		25 No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	
26a		26b	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
26c		26d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26e		26f	
LOCATION		STREET OR R.F.D. NO.	
26g		CITY OR TOWN	
		STATE	
RESERVED FOR REGISTRAR'S USE			

4922 Summers Lane
K. Falls.

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 JAN 7 1981

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 January A.D., 1981 at 3:04 o'clock P.M., and duly recorded in

Vol M81 of Deeds on page 1304.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

by Bernetha S. Litch deputy