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

57

CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED—NAME: First: Hazel	Middle: Naomi	Last: Forsythe	2 DATE OF DEATH (month, day, year): February 13, 1981		
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Female	5a AGE—Last birthday (years): 73	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year): June 21, 1907
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Med. Cent	7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): D.O.A.	7d COUNTY OF DEATH: Klamath		
8 STATE OF BIRTH (If not in U.S.A., name country): Missouri	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Lester C. Forsythe	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
13 SOCIAL SECURITY NUMBER: 559-30-0419	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker	14b KIND OF BUSINESS OR INDUSTRY: -			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 2757 Altamont Dr. 97601	15e Inside City Limits (specify yes or no): No	
16 FATHER—NAME first middle last: Mearl Kindred	17 MOTHER—Maiden Name first middle last: Sophia Duff	18 INFORMANT—NAME and relationship to deceased: Lester C. Forsythe, husband			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory	19c LOCATION city or town state: Klamath Falls, Oregon			
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mrs Ha	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601				
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]: Blake Berven	21b DATE SIGNED (Mo., Day, Yr.): February 13, 1981	21c HOUR OF DEATH: 2:55 A. M			
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven M.D. 2616 Clover St., Klamath Falls, Ore. 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 13 1981	22b REGISTRAR [Signature]: Claudia Francis				

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a)	Acute myocardial infarction	Interval between onset and death: 5 min
DUE TO, OR AS A CONSEQUENCE OF: (b)	AS-HD	Interval between onset and death: Unknown
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death

PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Hypertensive cerebrovascular

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or 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 INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION: 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar
Date FEB 13 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 19th day of February A.D., 1981 at 11:22 o'clock A M., and duly recorded in Vol M81 of Deeds on page 2860.

Fee $3.50

EVELYN BIEHN
COUNTY CLERK
By Bernetha Stricklin Deputy