96848

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

Vol. M81 Page 4144

84
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First JULIA; Middle FAYE; Last CORNETT
2. DATE OF DEATH (month, day, year): February 23, 1981
3. RACE (White, Black, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 84
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 21, 1896
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Kansas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): —
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 515 - 22 - 8979
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: At home
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 3004 LaVerne Avenue 97601
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Charlie - Bush
17. MOTHER—Maiden Name first middle last: Maggie - Hallet
18. INFORMANT—NAME and relationship to deceased: Calvin Cornett (Son)

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
19c. LOCATION city or town state: Klamath Falls, Oregon 97601
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]:
20b. NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. [Signature]:
NAME AND ADDRESS OF CERTIFIER [Type or Print]: M.D.
21b. DATE SIGNED [Mo., Day, Yr.]: 2/24/81
21c. HOUR OF DEATH: 4:30 P.M.
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: E.E. Howard M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601
21e.

22a. DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: FEB 26 1981
22b. REGISTRAR [Signature]: Claudia Francis

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
PART I (a) PNEUMONIA — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF: (b) MULTIPLE MYELOMA — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

CAUSE OF DEATH

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): ABDOMINAL ILEUS
AUTOPSY [Specify Yes or No]: 24. No
WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: 25. No

ACCIDENT [Specify Yes or No]: 26a. NO
DATE OF INJURY [Mo., Day, Yr.]: 26b.
HOUR OF INJURY: 26c. M
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 — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 26g.

RESERVED FOR REGISTRAR'S USE

Charlie Cornett
5602 Homedale Rd
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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Claudia Francis, Deputy Registrar
Date FEB 26 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 9th day of March A.D., 1981 at 11:22 o'clock A M., and duly recorded in Vol M81 of Death Cert. on page 4144.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK
By Bernetha Deputy