

98394

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

Vol M81 Page 6744

CERTIFICATE OF DEATH

Local File Number 339 State File Number

DECEASED—NAME First Middle Last
JEANNE HANSON

RACE White, Black, American Indian, etc. (specify) **White** SEX **Female** AGE—Last birthday (years) **46** Under 1 year **5b** Under 1 day **5c**

CITY, TOWN OR LOCATION OF DEATH **Klamath Falls** HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) **West Medical Center** IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) **Inpatient** DATE OF BIRTH (month, day, year) **6 July 11, 1934** COUNTY OF DEATH **Klamath**

7a **Klamath Falls** STATE OF BIRTH (If not in U.S., name country) **North Dakota** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **Married** SPOUSE (IF MARRIED, WIDOWED) **Robert Hanson** WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) **No**

8 **502 - 32 - 9490** SOCIAL SECURITY NUMBER USUAL OCCUPATION (give kind of work done during most of working life, even if retired) **Teacher** KIND OF BUSINESS OR INDUSTRY **Public Schools**

13 **502 - 32 - 9490** RESIDENCE—STATE **Oregon** COUNTY **Klamath** CITY, TOWN, OR LOCATION **Klamath Falls** STREET AND NUMBER OR R.F.D., ZIP **5165 Gatewood 97601** Inside City Limits (specify yes or no) **Yes**

15a **Oregon** FATHER—NAME first middle last **Charles Crawford** 15b **Klamath** 15c **Klamath Falls** 15d **5165 Gatewood** MOTHER—Maiden Name first middle last **Lillian Warborg** INFORMANT—NAME and relationship to deceased **Robert Hanson (Husband)**

16 **Cremation** BURIAL, CREMATION, REMOVAL, MAUS. (specify) CEMETERY OR CREMATORY—NAME **Eternal Hills Crematorium** 18 **Robert Hanson (Husband)** LOCATION city or town state **Klamath Falls, Oregon 97601**

19a **Cremation** FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) **Glenn Gailis** NAME AND ADDRESS OF FACILITY **Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601**

20a **Glenn Gailis** 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.) **9/19/80** HOUR OF DEATH **6:00 A.M.**

21a **Glenn Gailis, M.D.** NAME AND ADDRESS OF CERTIFIER (Type or Print) **1905 Main Street, Klamath Falls, Oregon 97601**

21d **Glenn Gailis, M.D., 1905 Main Street, Klamath Falls, Oregon 97601** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21g **SEP 22 1980** DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) REGISTRAR **Claudia Francis**

22a **SEP 22 1980** 22b **Claudia Francis**

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) **CARDIO RESPIRATORY ARREST** Interval between onset and death **10 MINUTES**

(b) **MBTA STATIC CANCER - PANCREAS AND COMMON BILE DUCT** Interval between onset and death **6 MONTHS**

(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)

ACCIDENT (Specify Yes or No) **No** DATE OF INJURY (Mo., Day, Yr.) **No** HOUR OF INJURY **No** DESCRIBE HOW INJURY OCCURRED **No**

26a **No** INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) **No** LOCATION **No** STREET OR R.F.D. NO. **No** CITY OR TOWN **No** STATE **No**

26b **No** 26c **No** 26d **No** 26e **No** 26f **No** 26g **No**

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 Claudia Francis Deputy Registrar

Date **SEP 22 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 15th day of April A.D., 1981 at 10:13 o'clock AM., and duly recorded in Vol M81 of Deeds on page 6744.

EVELYN BIEHN
COUNTY CLERK

Fee \$ 3.50

By Debra Ackerman Deputy