

98710

CERTIFICATE OF DEATH

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PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
DUPLICATIONS  
SEE  
NDBOOK

158

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME First Middle Last <b>PABLO GARCIA SERNA</b>			DATE OF DEATH (month, day, year) <b>2 April 17, 1981</b>		
RACE White, Black, American Indian, etc. (specify) <b>Mexican</b>		SEX <b>Male</b>	AGE—Last birthday (years) <b>61</b>		DATE OF BIRTH (month, day, year) <b>6 December 1, 1919</b>
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>West Medical Center</b>		IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) <b>Inpatient</b>	
7a STATE OF BIRTH (If not in U.S.A., name country) <b>New Mexico</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>		7d COUNTY OF DEATH <b>Klamath</b>	
8 SOCIAL SECURITY NUMBER <b>564 - 16 - 2665</b>		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>		10 SPOUSE (IF MARRIED, WIDOWED) <b>Birdie Serna</b>	
13 RESIDENCE—STATE <b>Oregon</b>		14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Glue Mixer</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Klamath Plywood</b>	
15a FATHER—NAME first middle last <b>Esmel - Serna</b>		15b MOTHER—Maiden Name first middle last <b>Barbara - Garcia</b>		15c STREET AND NUMBER OR R.F.D., ZIP <b>1715 Oak Street 97601</b>	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>		17 CEMETERY OR CREMATORY—NAME <b>Eternal Hills Memorial Gardens</b>		18 INFORMANT—NAME and relationship to deceased <b>Birdie Serna (Wife)</b>	
19a FUNERAL SERVICE LICENSEE, Or Person Acting in Such (Signature) <i>[Signature]</i>		19b NAME AND ADDRESS OF FACILITY <b>Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601</b>		19c LOCATION city or town state <b>Klamath Falls, Oregon 97601</b>	
20a To be completed by CERTIFYING PHYSICIAN Only I, the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>[Signature]</i> M.D. NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Alden B. Glidden, M.D., 2680 "B" Uhrmann Road, Klamath Falls, Oregon 97601</b>		21b DATE SIGNED (Mo., Day, Yr.) <b>4-20-81</b>		21c HOUR OF DEATH <b>10:30 P. M.</b>	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>APR 21 1981</b>		22b REGISTRAR (Signature) <i>[Signature]</i>			
23 IMMEDIATE CAUSE PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Acute Fulminant hepatitis</b> Interval between onset and death <b>2 weeks</b> (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) 24 ACCIDENT (Specify Yes or No) <b>No</b> 25 DATE OF INJURY (Mo., Day, Yr.) <b>No</b> 26 HOUR OF INJURY <b>No</b> 27 DESCRIBE HOW INJURY OCCURRED 28 INJURY AT WORK (Specify Yes or No) <b>No</b> 29 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 30 LOCATION <b>No</b> 31 STREET OR R.F.D. NO. <b>No</b> 32 CITY OR TOWN <b>No</b> 33 STATE <b>No</b>					

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 *[Signature]*, Deputy Registrar  
Date **APR 21 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 **22nd** day of **April** A.D., **1981** at **2:35** o'clock **P**.M., and duly recorded in Vol **M-81** of **Deeds** on page **7218**.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

By *[Signature]* Deputy