

98909

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

Vol. M81 Page 7515

CERTIFICATE OF DEATH

State File Number

TYPE
PRINT
IN
PERMANENT
INK
FOR
DUPLICATIONS
SEE
INSTRUCTIONS

Local File Number

150

First Middle Last
COX, SR.DATE OF DEATH (month, day, year)
2 April 12, 1981DATE OF BIRTH (month, day, year)
6 July 26, 1901COUNTY OF DEATH
7d Klamath

DECEASED—NAME

HERBERT

1 RACE White, Black, American Indian,
etc. (specify)
3 WhiteSEX
4 MaleAGE—Last birthday
(years)
5a 79Under 1 year
5b mos days
Under 1 day
5c hours min.CITY, TOWN OR LOCATION OF DEATH
7a Klamath FallsHOSPITAL OR OTHER INSTITUTION—NAME
(If not in either, give street and number)
7b K1 Co Nursing HomeIF HOSP. OR INST. indicate DOA
OP Emer. Ret. Inpatient (Specify)
7c InpatientSPOUSE (IF MARRIED, WIDOWED)
11 Maud CoxWAS DECEDENT EVER IN U.S.
ARMED FORCES? (Specify Yes or No)
12 NoSTATE OF BIRTH (If not in U.S.A.,
name country)
8 ArkansasCITIZEN OF WHAT COUNTRY
9 U.S.A.MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (specify)
10 MarriedKIND OF BUSINESS OR INDUSTRY
14b Grocery StoreSOCIAL SECURITY NUMBER
13 543 - 05 - 4620USUAL OCCUPATION (give kind of work done during most
of working life, even if retired)
14a Self employed - retiredSTREET AND NUMBER OR R.F.D., ZIP
15d 2124 Eberlein St. 97601Inside City Limits
(specify yes or no)
15e YesRESIDENCE—STATE
15a OregonCOUNTY
15b KlamathCITY, TOWN, OR LOCATION
15c Klamath FallsINFORMANT—NAME and relationship to deceased
18 Herbert Cox, Jr. / SonFATHER—NAME first middle last
15a William Edward CoxMOTHER—Maiden Name first middle last
17 Kate MapleLOCATION city or town state
19c Klamath Falls, Oregon 97601BURIAL, CREMATION,
REMOVAL, MAUS. (specify)
19a BurialCEMETERY OR CREMATORY—NAME
19b Eternal Hills Memorial GardensNAME AND ADDRESS OF FACILITY
20b WARD'S - 1945 Main - Klamath Falls, Oregon 97601FUNERAL SERVICE LICENSEE Or Person Acting As Such
(Signature)
20a [Signature]DATE SIGNED (Mo., Day, Yr.)
21b 4-13-81HOUR OF DEATH
21c 10:15 P.M.To the best of my knowledge and belief, the date and place and
due to the cause(s) stated
21a [Signature]NAME AND ADDRESS OF CERTIFIER (Type or Print)
21d Steven K. Bidleman, MD / 2680 Uhrmann Rd / Klamath Falls, Or. 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a APR 15 1981REGISTRAR
22b [Signature] Claudia FrancisIMMEDIATE CAUSE
23 PART I

(a) Respiratory Arrest

(b) Progressive in anition

(c) Carcinoma of Base of Tongue

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

AUTOPSY (Specify Yes or No)
24 NoWAS MEDICAL EXAMINER NOTIFIED
(Specify Yes or No)
25 NoACCIDENT (Specify Yes or No)
26a NoDATE OF INJURY (Mo., Day, Yr.)
26bHOUR OF INJURY
26cPLACE OF INJURY—At home, farm, street, factory,
office building, etc. (Specify)
26dINJURY AT WORK
(Specify Yes or No)
26eDESCRIBE HOW INJURY OCCURRED
26fSTREET OR R.F.D. NO.
26gCITY OR TOWN
26hSTATE
26i

RESERVED FOR REGISTRAR'S USE

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 APR 16 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

Ret: 27th day of April A.D., 1981 at 1:36 o'clock P.M., and duly recorded in

Vol M81 of Deeds on page 7515.

K.F. Fee \$3.50

EVELYN DIEHL
COUNTY CLERK

By Debra Agan deputy

HS-2 Rev-1-80