

513 CERTIFICATE OF DEATH

Vital Records Unit

Vol. M81 Page 10204

Local File Number
201

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

IDENTIFY IF DEATH OCCURRED IN SITUATION, HANDBOOK REGARDING APPLICATION OF IDENTIFICATION ITEMS

IDENTIFICATION

PH 40

CONDITIONS WHICH GAVE RISE TO CAUSE OF DEATH

USE OF DEATH

DECEASED—NAME 1 <u>LILLIAN</u> <u>W.</u> <u>HANELINE</u>		State File Number
RACE (specify) 3 <u>White</u>	SEX 4 <u>Female</u>	DATE OF DEATH (month, day, year) 2 <u>May 17, 1981</u>
CITY, TOWN OR LOCATION OF DEATH 7a <u>Klamath Falls</u>	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7b <u>Kl. Co. Nursing Home</u>	DATE OF BIRTH (month, day, year) 5 <u>October 26, 1907</u>
STATE OF BIRTH (if not in U.S.A., name country) 8 <u>Missouri</u>	CITIZEN OF WHAT COUNTRY 9 <u>USA</u>	COUNTY OF DEATH 7d <u>Klamath</u>
SOCIAL SECURITY NUMBER 13 <u>540 - 05 - 7702 - A</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>Married</u>	IF HOSP OR INST. Indicate DOA, OP, Em, Pm, Inpatient (Specify) 7c <u>Inpatient</u>
RESIDENCE—STATE 15a <u>Oregon</u>	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>Housewife</u>	SPOUSE (IF MARRIED, WIDOWED) 11 <u>Herbert Haneline</u>
FATHER—NAME first middle last 15b <u>Klamath</u>	CITY, TOWN, OR LOCATION 15c <u>Klamath Falls</u>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 <u>No</u>
MOTHER—Maiden Name first middle last 16 <u>William Richard Walker</u>	STREET AND NUMBER OR R.F.D., ZIP 15d <u>2107 Lakeshore Dr.</u>	INSIDE CITY LIMITS (specify yes or no) 15e <u>Yes</u>
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 17 <u>Burial-Removal</u>	CEMETERY OR CREMATORY—NAME 18 <u>Carrie Schultz</u>	INFORMANT—NAME and relationship to deceased 19 <u>Herbert Haneline (Husband)</u>
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) 20a <u>John D. Merryman</u>	NAME AND ADDRESS OF FACILITY 19b <u>Olney Cemetery</u>	LOCATION city or town state 19c <u>Fendleton, Oregon 97801</u>
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <u>John D. Merryman, M.D.</u>	DATE SIGNED (Mo., Day, Yr.) 21b <u>MAY 19 1981</u>	HOUR OF DEATH 21c <u>6:15 P. M</u>
NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d <u>John D. Merryman, M.D., 303 Pine Street, Klamath Falls, Oregon 97601</u>	21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>MAY 19 1981</u>	REGISTRAR 22b (Signature) <u>Gladia Francis</u>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
PART I (a) <u>Cardiac Arrest</u>		Interval between onset and death <u>5 min</u>
(b) <u>Paralyzed + cerebral artery occlusion</u>		Interval between onset and death <u>6 yrs</u>
(c) <u>Removal of aorta - blood flooded vessels</u>		Interval between onset and death <u>13 yrs</u>
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		
ACCIDENT (Specify Yes or No) 24a <u>No</u>	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g
DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No) 24 <u>No</u>
		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 <u>No</u>
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 Gladia Francis, Deputy Registrar
Date MAY 19 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

8th day of June A.D., 1981 at 1:40 o'clock P M., and duly recorded in
Vol M81 of Deeds on Page 10204

Fee \$ 3.50

EVELYN BISHAN
DUPLICATE
By Debra A. Jeneff deputy