f Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

838

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M81 Page 10725

TYPE
R PRINT
IN
MANENT
BLACK
INK
FOR
RUCTIONS
SEE
NDBOOK

221
Local File Number

State File Number

DECEASED—NAME 1 First: Zepha	Middle: R.	Last: Warren			DATE OF DEATH (month, day, year) 2 June 4, 1981	
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Female	AGE—Last birthday (years) 5a 72	Under 1 year: mos. 5b	Under 1 day: days / hours / min. 5c	DATE OF BIRTH (month, day, year) 6 June 4, 1909	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Rt. 5, Box 1230	IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify] 7c —			COUNTY OF DEATH 7d Klamath	
STATE OF BIRTH (If not in U.S.A., name country) 8 Oregon	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Widowed	SPOUSE (IF MARRIED, WIDOWED) 11 Chas. Scott Warren		WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12 No	
SOCIAL SECURITY NUMBER 13 542-40-8147	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker		KIND OF BUSINESS OR INDUSTRY 14b —			
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d Rt. 5, Box 1230 97601		Inside City Limits (specify yes or no) 15e No	
FATHER—NAME first middle last 16 Leslie Rogers	MOTHER—Maiden Name first middle last 17 Anna Margreiter		INFORMANT—NAME and relationship to deceased 18 Janna Wright & Nancy Tarbell, daughters			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town / state 19c Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a Mike O'Hair	NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore.					

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] John D. Merryman M.D. — DATE SIGNED [Mo., Day, Yr.] 21b June 5, 1981 — HOUR OF DEATH 21c 1:00 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d John D. Merryman M.D., 303 Pine, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a JUN 8 1981 — REGISTRAR 22b [Signature] Claudia Francis

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

PART I
(a) Cerebral Hemorrhage — Interval between onset and death: 5 min.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hypertension — Interval between onset and death: 20 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic Heart disease — Interval between onset and death: 18 yrs.

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

ACCIDENT [Specify Yes or No] 26a No	DATE OF INJURY [Mo., Day, Yr.] 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY [Specify Yes or No] 24 No	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25 Yes
INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f		LOCATION 26g STREET OR R.F.D. NO. / CITY OR TOWN / STATE		

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar
Date JUN 8 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 16th day of June A.D., 19 81 at 10:00 o'clock A M., and duly recorded in Vol M81 of Deeds on page 10725.

Fee $ 3.50

EVELYN BIEHN
COUNTY Clerk

By Debra A Gangle deputy