State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

4319 CERTIFICATE OF DEATH

Vol. M81 Page 16295

Vital Records Unit

353
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED - NAME (1) First: VANESSA Middle: MARIE Last: BUTTLER

(2) DATE OF DEATH (month, day, year): September 9, 1981

(3) RACE White, Black, American Indian, etc. (specify): White

(4) SEX: Female

(5a) AGE—Last birthday (years): 66

(5b) Under 1 year: mos. / days

(5c) Under 1 day: hours / min.

(6) DATE OF BIRTH (month, day, year): June 28, 1915

(7a) CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

(7b) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

(7c) IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

(7d) COUNTY OF DEATH: Klamath

(8) STATE OF BIRTH (If not in U.S.A. name country): California

(9) CITIZEN OF WHAT COUNTRY: U.S.A.

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

(11) SPOUSE (IF MARRIED, WIDOWED): Sylvester W.

(12) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

(13) SOCIAL SECURITY NUMBER: 555 - 03 - 3432

(14a) USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Cashier - Retired

(14b) KIND OF BUSINESS OR INDUSTRY: Retail Stores

(15a) RESIDENCE—STATE: Oregon

(15b) COUNTY: Klamath

(15c) CITY, TOWN, OR LOCATION: Klamath Falls

(15d) STREET AND NUMBER OR R.F.D., ZIP: 4423 Arthur Street 97601

(15e) Inside City Limits (specify yes or no): No

(16) FATHER—NAME first middle last: Harvey Conner

(17) MOTHER—Maiden Name first middle last: Mildred Ware

(18) INFORMANT—NAME and relationship to deceased: Sylvester Buttler - Husban X

(19a) BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

(19b) CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

(19c) LOCATION city or town state: Klamath Falls, Oregon

(20a) FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward

(20b) NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. 97601

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]: Mark S. Kochevar MD

(21b) DATE SIGNED (Mo., Day, Yr.): 9-10-81

(21c) HOUR OF DEATH: 4:30 A M

(21d) NAME AND ADDRESS OF CERTIFIER [Type or Print]: Mark S. Kochevar, MD / 1905 Main / Klamath Falls, Oregon / 97601

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

(22a) DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 11 1981

(22b) REGISTRAR [Signature]: Claudia Francis

PART I

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

(a) DUE TO, OR AS A CONSEQUENCE OF: Respiratory arrest — Interval between onset and death: 15 min

(b) DUE TO, OR AS A CONSEQUENCE OF: Coma — Interval between onset and death: 3 weeks

(c) Pneumococcal meningitis — Interval between onset and death: 3 weeks

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

Diabetic Mellitus

(24) AUTOPSY (Specify Yes or No): No

(25) WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

(26a) ACCIDENT (Specify Yes or No): No

(26b) DATE OF INJURY (Mo., Day, Yr.):

(26c) HOUR OF INJURY:

(26d) DESCRIBE HOW INJURY OCCURRED:

(26e) INJURY AT WORK (Specify Yes or No):

(26f) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

(26g) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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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 SEP 11 1981

VOID IF ALTERED

Cash you

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 14th day of September A.D., 1981 at 2:39 o'clock P M., and duly recorded in Vol M81 of Deeds on page 16295.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK

By Marie C. Hansen Deputy