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Local File Number		State File Number	
DECEASED—NAME First Middle Last VIVIAN I. GREENE		DATE OF DEATH (month, day, year) October 2, 1981	
RACE (White, Black, American Indian, etc. (specify)) White	SEX Female	AGE—Last birthday (years) 66	Under 1 year Under 1 day 5a 5b 5c 5d
CITY, TOWN OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) County Nursing Home	IF HOSP OR INST. Indicate DOA, OPI, Emer., Am., Inpatient (Specify) Inpatient	DATE OF BIRTH (month, day, year) July 4, 1915
STATE OF BIRTH (If not in U.S.A., name country) California	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	COUNTY OF DEATH Klamath
SOCIAL SECURITY NUMBER 542-34-6472	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Bookkeeper	SPOUSE (IF MARRIED, WIDOWED) Earl L. Greene	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	KIND OF BUSINESS OR INDUSTRY Production Credit
FATHER—NAME first middle last Judson - Hunter	MOTHER—Maiden Name first middle last Florence - Curtice	STREET AND NUMBER OR R.F.D., ZIP 840 Rose Street 97601	Inside City Limits (specify yes or no) Yes
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	INFORMANT—NAME and relationship to deceased Earl L. Greene, husband	LOCATION city or town state Klamath Falls, Oregon 97601
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William F. Navisport	NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	DATE SIGNED (Mo., Day, Yr.) 10/5/81	HOUR OF DEATH 2:45 P.M.
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			
NAME AND ADDRESS OF CERTIFIER (Type or Print) Thomas Klump, MD, 2600 Clover, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 5 1981		REGISTRAR Hendrickson	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) BRAIN TUMOR, MALIGNANT		Interval between onset and death APPROX 3 MOS.	
(b)		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No) NO	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE
RESERVED FOR REGISTRAR'S USE			

Let -
Jim Mettler
7143 Redden Rd.
K-Falls, Ore.

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 Hendrickson, Deputy Registrar

Date OCT 5 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 9th day of October A.D., 1981 at 3:19 o'clock P.M., and duly recorded in

Vol M-81 of Deeds on page 17890.

Fee \$.4.00

EVELYN DIEHN
COUNTY CLERK

By Hendrickson Deputy