5750

406

Local File Number

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

CERTIFICATE OF DEATH

ORS—146

Vol M81 Page 18590

State File Number

1. DECEASED—NAME (first, middle, last): MARGARET ANGELINE MAIN
2. DATE OF DEATH (MONTH, DAY, YEAR): October 18, 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): December 14, 1914
7A. CITY, TOWN, OR LOCATION OF DEATH: Sprague River
7B. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Drews Road
7C. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY):
7D. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ohio
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SPOUSE (IF MARRIED, WIDOWED): Roy A. Main
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13. SOCIAL SECURITY NUMBER: 363-28-7003
14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Certified Public Accountant
14B. KIND OF BUSINESS OR INDUSTRY: Accounting
15A. RESIDENCE—STATE: Oregon
15B. COUNTY: Klamath
15C. CITY, TOWN, OR LOCATION: Sprague River
15D. STREET AND NUMBER OR R.F.D.: P.O. Box 372 97639
15E. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16. FATHER—NAME (first, middle, last): Joseph - Schnaubelt
17. MOTHER—MAIDEN NAME (first, middle, last): Mary M. Koppler
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Roy A. Main, husband
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 97601
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: William F. Davenport
20B. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (HOUR): Approx 11:30 A.M.
21B. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): October 18, 1981 3:20 P.M.
21C. FROM: NATURAL CAUSES [ ] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]
21D. CERTIFIER—SIGNATURE: [signature]
21E. NAME—(TYPE OR PRINT), DEGREE OR TITLE: George R. Nicholson, MD
21F. MEDICAL EXAMINER FOR: Klamath COUNTY
21G. DATE SIGNED (MONTH, DAY, YEAR): OCT 20 1981
22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): OCT 20 1981
22B. REGISTRAR (SIGNATURE): Claudia Francis

23. PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

(A) Bilateral Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: secs
(B) DUE TO, OR AS A CONSEQUENCE OF: Massive Pulmonary emboles — INTERVAL BETWEEN ONSET AND DEATH: "
(C) DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Status 11 days post cholecystectomy

24. AUTOPSY (SPECIFY YES OR NO): yes
25A. DATE OF INJURY (MONTH, DAY, YEAR):
25B. HOUR:
25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23):
25D. INJ. AT WORK (SPECIFY YES OR NO):
25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
25F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE):

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

HS-107 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.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Claudia Francis, Deputy Registrar
Date OCT 21 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 26th day of October A.D., 1981 at 9:58 o'clock A. M., and duly recorded in Vol M-81 of Deeds on page 18590

EVELYN BIEHN
COUNTY CLERK

Fee $ 4.00

By [signature] Deputy