Rt Sam McKeene Ofc
220 Main

6351

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

80-020383

460
Local File Number

CERTIFICATE OF DEATH
ORS – 146

State File Number

1 DECEASED – NAME: Irene Celia Slead
2 DATE OF DEATH (MONTH, DAY, YEAR): December 14, 1980
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
4 SEX: Female
5A AGE – LAST BIRTHDAY (YEARS): 72
5B UNDER 1 YEAR: MOS. / UNDER 1 DAY: DAYS / HOURS / MIN.
6 DATE OF BIRTH (MONTH, DAY, YEAR): May 23, 1908
7A CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7B HOSPITAL OR OTHER INSTITUTION – NAME (IF NOT IN EITHER, GIVE STREET & NO.): Merle West Med. Center
7C IF HOSP. OR INST., INDICATE DOA, OPD, OR INPATIENT (SPECIFY): D.O.A.
7D COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Wisconsin
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11 SPOUSE (IF MARRIED, WIDOWED): Chester Slead
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13 SOCIAL SECURITY NUMBER: 393-32-0462
14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): School Cook
14B KIND OF BUSINESS OR INDUSTRY: Industrial Cooking
15A RESIDENCE – STATE: Oregon
15B COUNTY: Klamath
15C CITY, TOWN, OR LOCATION: Chiloquin
15D STREET AND NUMBER OR R.F.D.: 215 Lalake Rd.
15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16 FATHER – NAME FIRST MIDDLE LAST: Frank Kast
17 MOTHER – MAIDEN NAME FIRST MIDDLE LAST: Sadie Guernsey
18 INFORMANT – NAME AND RELATIONSHIP TO DECEASED: Chester Slead, Husband
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation
19B CEMETERY OR CREMATORY – NAME: Eternal Hills Crematory
19C LOCATION – CITY OR TOWN, STATE: Klamath Falls, Oregon 97601
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH – SIGNATURE: Miller Ofc
20B NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore

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): 11:15 A. M.
21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): Dec. 14, 1980 11:20 A. M.
21C FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21D CERTIFIER – SIGNATURE: George R. Nicholson
21E NAME (TYPE OR PRINT): George R. Nicholson DEGREE OR TITLE: M.D.
21F MEDICAL EXAMINER FOR: Klamath COUNTY
21G DATE SIGNED (MONTH, DAY, YEAR): DEC 19 1980
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): DEC 19 1980
22B REGISTRAR (SIGNATURE): Claudia Francis

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.))
PART I (a): Crushing injuries of chest — DUE TO, OR AS A CONSEQUENCE OF:
(b): DUE TO, OR AS A CONSEQUENCE OF:
(c):
INTERVAL BETWEEN ONSET AND DEATH: min-hours
PART II: OTHER SIGNIFICANT CONDITIONS – CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR): 12-14-80
25B HOUR: 10:34 A.M.
25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): 2 Car Head-on Automobile Accident — DRIVER – Ore.
25D INJ. AT WORK (SPECIFY YES OR NO): No
25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Hwy. 422
25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): Hwy. 422 & Chocktoot Rd., Chiloquin, Klamath

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED [redacted] Oct. 1981

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 10th day of November A.D., 1981 at 3:56 o'clock p M., and duly recorded in Vol M81 of Deeds on page 19625.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Bernetha A. Delvert Deputy