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STATE OF OREGON—STATE HEALTH DIVISION

Vital Statistics Section

Vol. M81 Page 20040

367
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

1. DECEASED—NAME First: AUDREY	Middle: LOELLA	Last: HAGGREEN	2. DATE OF DEATH (month, day, year): November 1, 1977	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE—last birthday (years): 50	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.
6. DATE OF BIRTH (month, day, year): November 4, 1926				
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): No	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 4346 Avalon Street	
8. STATE OF BIRTH (if not in U.S.A., name of country): Idaho	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Cecil G. Haggreen Ret:	
12. SOCIAL SECURITY NUMBER: 544-24-0521	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife	13b. KIND OF BUSINESS OR INDUSTRY: Homemaking		
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR RFD: 4346 Avalon Street
15. FATHER—NAME first middle last: R. N. Adkins	16. MOTHER—Maiden Name first middle last: Alberta Evans	17. INFORMANT—Name and relationship to deceased: Cleo Biando - Sister		

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		approximate interval between onset and death
18. Immediate Cause (a)	Probable Ventricular Fibrillation	Seconds
due to, or as a consequence of: (b)	Probable myocardial ischemia	Hours
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c)	Hypertension Cardiovascular-Renal Disease	years

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a. No	19b.

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): Nov. 1, 1977	HOUR: 20b. 10:00 P M	20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Died at home	
20d. INJURY AT WORK (specify yes or no): No	20e. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)): At Home	20f. LOCATION (street or R.F.D. No., city or town, county, state): 4346 Avalon / Klamath Falls / Klamath / Ore.	

CERTIFIER

CERTIFICATION—MEDICAL INVESTIGATOR

I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

DEATH OCCURRED (hour): 21a. About 10:00 P M.	THE DECEDENT WAS PRONOUNCED DEAD month day year hour: 21b. Nov. 2, 1977 3:00 P M.	FROM: Natural Causes XX / Accident ☐ / Suicide ☐ / Homicide ☐ / Undetermined ☐ / Pending ☐	
22a. CERTIFIER—SIGNATURE: George R. Nicholson		22b. NAME—(type or print): George R. Nicholson	Degree or Title: M.D.
23. MEDICAL INVESTIGATOR: FOR: KLAMATH COUNTY		DATE SIGNED (month, day, year): November 7, 1977	

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: Eternal Hills	24c. LOCATION city or town state: Klamath Falls, Oregon	24d. DATE (month, day, year): Nov. 7, 1977
25a. FUNERAL DIRECTOR—SIGNATURE: James K. Ward	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601		
26a. REGISTRAR—SIGNATURE: Marjorie S. Comer		26b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 8, 1977	DATE RECEIVED BY STATE REGISTRAR: 27.

RESERVED FOR REGISTRAR'S USE

28.

VS-107 REV. - 2-73

ORIGINAL—VITAL STATISTICS COPY

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.

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie S. Comer, Deputy Registrar
Date NOV 15 1977 19

(SEAL)

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 16 day of November A.D., 1981 at 4:46 o'clock P M., and duly recorded in Vol M 81 of Deeds on page 20040.

EVELYN BIEHN
COUNTY CLERK

By Joyce M. Glover deputy

Fee $ 4.00