

Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK

FOR
INSTRUCTIONS
SEE
AND BOOK

RECEIVED
DEATH
CERTIFICATE
REGISTERED
FILED

POSITION

CLERK

USE OF
FAX

CAUSE

USE OF
FAX

Local File Number 432		State File Number	
DECEASED - NAME Lois Taylor		DATE OF DEATH (month, day, year) 2 November 11, 1981	
DATE OF BIRTH (month, day, year) 6 May 27, 1905		COUNTY OF DEATH 7d Klamath	
1 RACE: White, Black, American Indian, etc. (Specify) White		4 SEX: Female	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give full street address) Merle West Medical Center	
7 STATE OF BIRTH (If not in U.S.A., name country) California		8 CITIZEN OF WHAT COUNTRY U.S.A.	
9 SOCIAL SECURITY NUMBER 551-36-8116		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
11 USUAL OCCUPATION (If not in either, give full street address) Homemaker		12 SPOUSE (If married, widowed, divorced, specify) Vernon F. Taylor	
13 RESIDENCE - STATE Oregon		14a STREET AND NUMBER OR R.F.D., ZIP 97634 436 Garfield St.	
15a FATHER - NAME Arthur Thurston		15b MOTHER - NAME Charlotte Black	
16 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		17 CEMETERY OR CREMATORY - NAME Merrill I.O.O.F. Cemetery	
18 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Specify) J.M. Hair		19 NAME AND ADDRESS OF FACILITY J.M. Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Oregon 97601	
20a 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) Edward T. McClure M.D., 905 Main Street, Klamath Falls, Oregon 97601		21 DATE SIGNED (Month, Day, Year) 11/12/81	
22a DATE RECEIVED BY REGISTRAR (Month, Day, Year) NOV 12 1981		22b INTERVAL BETWEEN ONSET AND DEATH	
23a IMMEDIATE CAUSE Cardiac arrest		23b INTERVAL BETWEEN ONSET AND DEATH	
23c DUE TO, OR AS A CONSEQUENCE OF Sepsis		23d INTERVAL BETWEEN ONSET AND DEATH	
23e DUE TO, OR AS A CONSEQUENCE OF Complications of bowel infarction		23f INTERVAL BETWEEN ONSET AND DEATH	
24 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		25 AUTOPSY (Specify Yes or No) Yes	
26 ACCIDENT (Specify Yes or No)		27 DATE OF INJURY (Month, Day, Year)	
28a PLACE OF INJURY (If not in either, give full street address) Office building, etc. (Specify)		28b HOUR OF INJURY	
29a LOCATION		29b DESCRIBE HOW INJURY OCCURRED	
29c CITY OR TOWN		29d STATE	

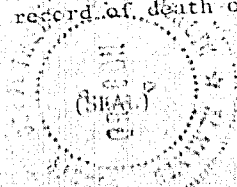
RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1-80)

Return to Mike Bright
375 Main Street
Klamath Falls, OR. 97601

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 [Signature] Deputy Registrar

Date NOV 13 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

2 day of December A.D., 1981 at 3:06 o'clock P.M., and duly recorded in

Vol. 181 of Deeds on page 20773.

Fee \$4.00

EVELYN BIEHN
COUNTY CLERK

By [Signature] deputy