Vol. M81 Page 21283

te of Oregon
EGON STATE HEALTH DIVISION
partment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

7357 465
Local File Number

State File Number

DECEASED—NAME 1. First: Francis AKA Frances	Middle: Mabel	Last: DWINELL	DATE OF DEATH (month, day, year) 2. December 3, 1981	
RACE White, Black, American Indian, etc. (specify) 3. White	SEX 4. Female	AGE—Last birthday (years) 5a. 73	Under 1 year: mos. days; Under 1 day: hours min 5b 5c	DATE OF BIRTH (month, day, year) 6. February 18, 1908
CITY, TOWN OR LOCATION OF DEATH 7a. LaPine	HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street address) 7b. Star Route 1, Box 1014	IF HOSP OR INST: Indicate DOA, ER/Emer. Rm., Inpatient [Specify] 7c. -	COUNTY OF DEATH 7d. Klamath	
STATE OF BIRTH (If not in U.S.A. name country) 8. California	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. married	SPOUSE (IF MARRIED, WIDOWED) 11. Jim M.	WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12. -
SOCIAL SECURITY NUMBER 13. 566 09 4276	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a. Nurse		KIND OF BUSINESS OR INDUSTRY 14b. California State Hospital	
RESIDENCE—STATE 15a. Oregon	COUNTY 15b. Klamath	CITY, TOWN, OR LOCATION 15c. LaPine	STREET AND NUMBER OR R.F.D., ZIP 15d. Star Route 1, Box 1014 97739	Inside City Limits (specify yes or no) 15e. NO
FATHER—NAME first middle last 16. Fred Sansbury	MOTHER—Maiden Name first middle last 17. Delia Vouthier	INFORMANT—NAME and relationship to deceased 18. Jim Dwinell Husband		
BURIAL, CREMATION, REMOVAL, MAUS (specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. Greenwood Memorial Cemetery	LOCATION city or town state 19c. Bend Oregon		
FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a. Leon L. Reynolds	NAME AND ADDRESS OF FACILITY 20b. Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. [Signature] P. W. Ford, M.D.		DATE SIGNED (Mo., Day, Yr.) 21b. December 3, 1981	HOUR OF DEATH 21c. 12:45 A. M	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d. P. W. Ford, M. D. 1501 N. E. Medical Center Drive Bend, Oregon 97701				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e.				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a. DEC 8 1981	REGISTRAR 22b. [Signature] Glendine Francis			

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST →

PART I — ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].

		Interval between onset and death
23. IMMEDIATE CAUSE (a)	myocardial infarction	1 day
DUE TO, OR AS A CONSEQUENCE OF: (b)		
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

Severe atherosclerotic disease	AUTOPSY [Specify Yes or No] 24. no	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25. yes

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a. NO	26b	26c	26d

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	STATE
27a.	27b	27c			

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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 Glendine Francis, Deputy Registrar
Date DEC 9 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 14 day of December A.D., 1981 at 9:54 o'clock A M., and duly recorded in Vol M81 of Deeds on page 21283.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McClain Deputy