of Oregon
ION STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

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81125

Vital Records Unit

497
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK GATHERING APPLICABLE ITEMS

DISPOSITION

1. ____
2. ____
3. ____

DIFFER

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

USE OF DEATH

4. ____
5. ____
6. ____

1 DECEASED—NAME (First) BEULAH	(Middle)	(Last) O'NEAL		DATE OF DEATH (month, day, year) 2 December 29, 1981
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Female	AGE—Last birthday (years) 5a 81	Under 1 year: mos / days 5b	Under 1 day: hours / min 5c	DATE OF BIRTH (month, day, year) 6 July 5, 1900
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient [Specify] 7c Inpatient	COUNTY OF DEATH 7d Klamath	
STATE OF BIRTH (If not in U.S.A., name country) 8 Kansas	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 James D. O'Neal	WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12 No
SOCIAL SECURITY NUMBER 13 540-78-5013	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Teacher	KIND OF BUSINESS OR INDUSTRY 14b Education		
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 223 Lincoln Street 97601	Inside City Limits (specify yes or no) 15e Yes
FATHER—NAME first middle last 16 Walter S. Smith	MOTHER—Maiden Name first middle last 17 Stella R. Walker	INFORMANT—NAME and relationship to deceased 18 James D. O'Neal, husband		
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	LOCATION city or town state 19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature] 20a William [illegible]	NAME AND ADDRESS OF FACILITY 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601			

To be Completed by Certifying Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature] [illegible] MD	DATE SIGNED [Mo., Day, Yr.] 21b 12/20/81	HOUR OF DEATH 21c 11:40 PM

NAME AND ADDRESS OF CERTIFIER [Type or Print]
21d Dave Seeley, MD, Medical Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a DEC 30 1981	REGISTRAR 22b [Signature] Claudia Francis

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

(a) 1 CVA - MASSIVE — 3 Days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Cerebrovascular insuff — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death

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

Coronary Heart Disease c CHF

AUTOPSY [Specify Yes or No] 24 No	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25 No

ACCIDENT [Specify Yes or No] 26a No	DATE OF INJURY [Mo., Day, Yr.] 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION 26g — STREET OR R.F.D. NO. — CITY OR TOWN — STATE	

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Claudia Francis, Deputy Registrar

Date DEC 31 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 8 day of January A.D., 1982 at 3:02 o'clock P M., and duly recorded in Vol M 82 of Deeds on page 275.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By [Signature] Deputy