e of Oregon
GON STATE HEALTH DIVISION
artment of Human Resources

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CERTIFICATE OF DEATH

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

State File Number

DECEDENT

DECEASED—NAME: First: June; Middle: D.; Last: Ambers

DATE OF DEATH (month, day, year): December 17, 1981

1 | 2

RACE White, Black, American Indian, etc. (specify): White (3)

SEX: Female (4)

AGE—Last birthday (years): 65 (5a)

Under 1 year: mos. (5b) days

Under 1 day: hours (5c) min.

DATE OF BIRTH (month, day, year): June 15, 1916 (6)

CITY, TOWN OR LOCATION OF DEATH: Medford (7a)

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Mem. Hospt (7b)

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient (7c)

COUNTY OF DEATH: 7d Jackson

STATE OF BIRTH (If not in U.S.A., name country): Minnesota (8)

CITIZEN OF WHAT COUNTRY: U.S.A. (9)

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married (10)

SPOUSE (IF MARRIED, WIDOWED): Donald A. Amber Sr. (11)

WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: X No (12)

SOCIAL SECURITY NUMBER: 542-36-9382 (13)

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker (14a)

KIND OF BUSINESS OR INDUSTRY: - (14b)

RESIDENCE—STATE: Oregon (15a)

COUNTY: Klamath (15b)

CITY, TOWN, OR LOCATION: Klamath Falls (15c)

STREET AND NUMBER OR R.F.D., ZIP: 5605 Casa Way 97601 (15d)

Inside City Limits (specify yes or no): No (15e)

FATHER—NAME first middle last: Robert L. Robertson (16)

MOTHER—Maiden Name first middle last: Mae Fadden (17)

INFORMANT—NAME and relationship to deceased: Donald A. Ambers, Sr., Husband (18)

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial (19a)

CEMETERY OR CREMATORY—NAME: Klamath Memorial Park (19b)

LOCATION city or town state: Klamath Falls, Oregon (19c)

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike O'Hair (20a)

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore. (20b)

CERTIFIER

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

DATE SIGNED [Mo., Day, Yr.]: 12/23/81 (21b)

HOUR OF DEATH: 12:04 P. M (21c)

21a [Signature]

NAME AND ADDRESS OF CERTIFIER [Type or Print]: Bruce E. Van Zee, M.D. 1025 E. Main Street Medford, Oregon 97501 (21d)

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 24 1981 (22a)

REGISTRAR: (22b) [Signature]

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

CAUSE OF DEATH

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Peritonitis — Interval between onset and death: days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Continuous Ambulatory Peritoneal Dialysis — Interval between onset and death: months

DUE TO, OR AS A CONSEQUENCE OF:

(c) End-Stage Kidney Disease — Interval between onset and death: years

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

AUTOPSY [Specify Yes or No]: Yes (24)

WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No (25)

ACCIDENT [Specify Yes or No]: No (26a)

DATE OF INJURY [Mo., Day, Yr.] (26b)

HOUR OF INJURY (26c) M

DESCRIBE HOW INJURY occurred (26d)

INJURY AT WORK [Specify Yes or No]: NO (26e)

PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] (26f)

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON HS-2 (Rev. 1/80)

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DEPUTY REGISTRAR JACKSON COUNTY (SEAL)

Albert R Kearns MD
REGISTRAR, VITAL STATISTICS

DATE DEC 24 1981

BY: Joy Millard

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

cah 4.00

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 January A.D., 1982 at 2:56 o'clock P M., and duly recorded in Vol M 82 of Deeds on page 534.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McClure deputy