

8292

82 JAN 14 PM 2:56
CERTIFICATE OF DEATH

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Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
STRUCTURES
SEE
HANDBOOK

PRECEDENT
IF DEATH
OCCURRED IN
HOSPITAL
SEE HANDBOOK
FOR
COMPLETION OF
CERTIFICATE ITEMS.

POSITION

CERTIFIER

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

CAUSE OF
DEATH

4.
5.
6.

Cal.
400

State File Number

DECEASED—NAME First Middle Last June D. Ambers		DATE OF DEATH (month, day, year) 2 December 17, 1981	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF BIRTH (month, day, year) June 15, 1916	
3 CITY, TOWN OR LOCATION OF DEATH Medford		6 COUNTY OF DEATH Jackson	
4 SEX Female		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number) Rogue Valley Mem. Hospt	
5a AGE—Last birthday (years) 65		7b Inpatient	
8 STATE OF BIRTH (If not in U.S.A., name country) Minnesota		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Donald A. Ambers Sr. 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		14b	
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath	
15c CITY, TOWN, OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D., ZIP 5605 Casa Way 97601	
15e Inside City Limits (specify yes or no) No		16 FATHER—NAME first middle last Robert L. Robertson	
17 MOTHER—Maiden Name first middle last Mae Fadden		18 INFORMANT—NAME and relationship to deceased Donald A. Ambers, Sr., Husband	
19a BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial		19b CEMETERY OR CREMATORY—NAME Klamath Memorial Park	
19c LOCATION city or town state Klamath Falls, Oregon		20a FUNDRAISING LICENSEE Or Person Acting As Such (Signature) Mike Miller	
20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore.		21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21b DATE SIGNED (Mo., Day, Yr.) 12/23/81	
21c HOUR OF DEATH 12:04 P. M		21d Bruce E. Van Zee, M.D. 1025 E. Main Street Medford, Oregon 97501	
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 24 1981		22a REGISTRAR 22b (Signature) [Signature]	
23 IMMEDIATE CAUSE PART I (a) Penitontitis (b) Continuous tuberculous Penitontitis (c) End-stage kidney disease		Interval between onset and death Days Months 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) 24 Yes	
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No		26a ACCIDENT (Specify Yes or No) No	
26b DATE OF INJURY (Mo., Day, Yr.)		26c HOUR OF INJURY M 26d	
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 INJURY AT WORK (Specify Yes or No) No		26h	

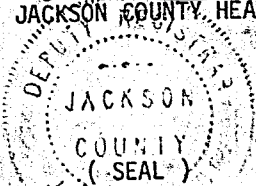
STATE OF OREGON

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.



DATE DEC 24 1981

BY: [Signature] REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

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 DIEHN

COUNTY CLERK

By [Signature] deputy