of Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vol. M82 Page 1007

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

8584 275
Local File Number

State File Number

DECEASED—NAME 1: First DELLA	Middle MAUDE	Last RINK		DATE OF DEATH (month, day, year) 2: July 5, 1981	
RACE (White, Black, American Indian, etc. (specify)) 3: White	SEX 4: Female	AGE—Last birthday (years) 5a: 88	Under 1 year: mos 5b / days	Under 1 day: hours 5c / min	DATE OF BIRTH (month, day, year) 6: October 12, 1892
CITY, TOWN OR LOCATION OF DEATH 7a: Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b: Mt. View Care Cent.	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: Texas	CITIZEN OF WHAT COUNTRY 9: U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Widowed	SPOUSE (IF MARRIED, WIDOWED) 11: Tom J. Rink	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12: No	
SOCIAL SECURITY NUMBER 13: 542 - 12 - 5298	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Homemaker	KIND OF BUSINESS OR INDUSTRY 14b: Homemaking			
RESIDENCE—STATE 15a: Oregon	COUNTY 15b: Klamath	CITY, TOWN, OR LOCATION 15c: Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d: Route 5, Box 51 97601	Inside City Limits (specify yes or no) 15e: No	
FATHER—NAME first middle last 16: Tom Wheat	MOTHER—Maiden Name first middle last 17: Mary Lou Coffee	INFORMANT—NAME and relationship to deceased 18: Jimmie Dee Graham - Dau.			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a: Burial	CEMETERY OR CREMATORY—NAME 19b: Klamath Memorial Park	LOCATION city or town state 19c: Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a: James K. Walsh	NAME AND ADDRESS OF FACILITY 20b: WARD'S - 1945 Main - 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]: Everett E. Howard

DATE SIGNED [Mo., Day, Yr.] 21b: 7-6-81

HOUR OF DEATH 21c: 2:10 A M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d: Everett E. Howard, MD / 2622 Campus Dr / Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: JUL 8 1981

REGISTRAR 22b [Signature]: Claudia Francis

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

		Interval between onset and death
23 IMMEDIATE CAUSE (a)	MYOCARDIAL INFARCTION	MINUTES
DUE TO, OR AS A CONSEQUENCE OF: (b)	AORTIC STENOSIS	YEARS
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): DIABETES.

AUTOPSY [Specify Yes or No] 24: No

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

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a: No	26b	26c M	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
26e	26f	26g			

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

By Claudia Francis, Deputy Registrar

Date JUL 9 1981

VOID IF ALTERED

(SEAL)

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 25 day of January A.D., 1982 at 2:40 o'clock p M., and duly recorded in Vol M 82 of Deeds on page 1007.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy