of Oregon
ION STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vol M82 Page 1492

Vital Records Unit

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

8903 28
Local File Number

State File Number

1 DECEASED—NAME First: STELLA	Middle:	Last: HAMILTON		2 DATE OF DEATH (month, day, year): January 21, 1982	
3 RACE White, Black, American Indian, etc. (specify): Black	4 SEX: Female	5a AGE—Last Birthday (years): 74	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): February 22, 1907
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Cent.	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient			7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Louisiana	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	11 SPOUSE (IF MARRIED, WIDOWED): Ben		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13 SOCIAL SECURITY NUMBER: 544 - 14 - 2052	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker		14b KIND OF BUSINESS OR INDUSTRY: Homemaking		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 605 Broad Street 97601		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Rodell Atkins	17 MOTHER—Maiden Name first middle last: Bertha N/R		18 INFORMANT—NAME and relationship to deceased: Minnie Atkins / Sis-In-Law		
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 FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Slack	20b NAME AND ADDRESS OF FACILITY: 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	21b DATE SIGNED [Mo., Day, Yr.]: 1-22-82	21c HOUR OF DEATH: 7:20 P 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:					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 25 1982	22b REGISTRAR [Signature]: Claudia Francis				

PART I — 20 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
(a)	ACUTE MYOCARDIAL INFARCTION	minute
DUE TO, OR AS A CONSEQUENCE OF: (b)	CAROTID OBSTRUCTION	
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)

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

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

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

RETURN TO:
Boivin & Boivin
110 North 6th St.
Klamath Falls, OR 97601

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 Claudia Francis, Deputy Registrar
Date JAN 29 1982
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 5 day of February A.D., 1982 at 11:37 o'clock A M., and duly recorded in Vol M 82 of Deeds on page 1492.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McClure deputy