

CERTIFICATE OF DEATH

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9069 47

Vital Records Unit

Local File Number

State File Number

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DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
THELMA		LOUISE	CRAMBLET	2. February 1, 1982		
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year mo. days	Under 1 day hours min.	DATE OF BIRTH (month, day, year)
3. White		4. Female	5a. 64	5b.	5c.	6. September 15, 1917
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)		COUNTY OF DEATH
7a. Klamath Falls		7b. Klamath Co. Nursing Hl. Inpatient				7c. Klamath
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)
8. Oklahoma		9. U.S.A.		10. Married		11. Howard
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
13. 447-14-7415		14a. Millworker - retired		14b. Columbia Plywood		12. No
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a. Oregon		15b. Klamath	15c. Klamath Falls	15d. 3567 Laverne		15e. No
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16. William Coffman		17. Mable Clay		18. Howard Cramblet - Husband		
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a. Burial		19b. Eternal Hills Mem. Gardens		19c. Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a. <i>Jim Lancaster</i>		20b. Ward's / 1945 Main St. / Klamath Falls, Ore. 97601				
To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated		DATE SIGNED (M, Day, Yr.)		HOUR OF DEATH		
21a. (Signature) <i>Fletcher Conn</i>		21b. 2/3/82		21c. 6:15 P. M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d. Fletcher Conn, M.D. 1905 Main St. Klamath Falls, Oregon				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
DATE RECEIVED BY REGISTRAR (M, Day, Yr.)		REGISTRAR				
22a. FEB 4 1982		22b. (Signature) <i>Claudia Francis</i>				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
(a) <i>Cardiac Arrest</i>		<i>Immediate</i>				
(b) <i>Kidney spread Metastatic Cancer</i>		<i>11 Mo</i>				
(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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
		24. Yes		25. NO		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (M, 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 (banking, etc.) (Specify)	LOCATION	STREET OR R.F.D. NO CITY OR TOWN STATE		
26e. NO		26f.	26g.			

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 FEB 8 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 10 day of Feb. A.D., 1982 at 3:08 o'clock p M, and duly recorded in Vol M 82, of Deeds on page. 1779

EVELYN BIEHN COUNTY CLERK

by Joyce McShur Deputy

Fee \$ 4.00

Rec'd. Mervada County  
-80-1684-47 FEB 11 1982  
Clerk