

81-020452  
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Vital Records Unit

Local File Number: 462 State File Number: 81-020452

First Name: <u>RONICK</u>		Last Name: <u>WILHELMINA CLEMENT</u>		Date of Death (month, day, year): <u>December 4, 1981</u>	
Race: <u>White</u>		Sex: <u>Female</u>	Age - Last birthday: <u>68</u>	Date of Birth (month, day, year): <u>February 26, 1913</u>	
City, Town, or Location of Death: <u>Klamath Falls</u>		Hospital or Other Institution - Name: <u>West Medical Center</u>		County of Death: <u>Klamath</u>	
State of Birth (if not in U.S.): <u>California</u>		Citizenship of Deceased: <u>U.S.A.</u>		Married, Never Married, Widowed, Divorced (Specify): <u>Married</u>	
Social Security Number: <u>557-30-3779</u>		Usual Occupation (give kind of work done during most of working life, even if retired): <u>Housewife</u>		Spouse (if married, widowed): <u>Carl P. Clement</u>	
Residence - State: <u>Oregon</u>		County: <u>Klamath</u>		Kind of Business or Industry: <u>Homemaking</u>	
City, Town, or Location: <u>Klamath Falls</u>		Street and Number or R.F.D., ZIP: <u>2441 Unity Street 97601</u>		Inside City Limits (Specify Yes or No): <u>No</u>	
Father - Name: <u>Oscar</u>		Mother - Maiden Name: <u>Carlson</u>		Informant - Name and relationship to deceased: <u>Carl P. Clement, husband</u>	
Burial, Cremation, Removal, Mausoleum (Specify): <u>Cremation</u>		Cemetery or Crematory - Name: <u>Eternal Hills Crematory</u>		Location: <u>Klamath Falls, Oregon 97601</u>	
Funeral Service Licensee or Person Acting As Such (Signature): <u>William F. Davenport</u>		Name and Address of Facility: <u>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601</u>			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: <u>Respiratory arrest</u>		Date Signed (Mo., Day, Yr.): <u>12-7-81</u>		Hour of Death: <u>6:45 A.M.</u>	
Name and Address of Certifier (Type or Print): <u>Edward T. McClure, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601</u>		Name of Attending Physician (if other than certifier) (Type or Print):			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): <u>DEC 8 1981</u>		REGISTRAR (Signature): <u>Lauchlan</u>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
(a) <u>Respiratory arrest</u>		Interval between onset and death:			
(b) <u>Metastatic cancer</u>		Interval between onset and death:			
(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)					
ACCIDENT (Specify Yes or No): <u>No</u>		DATE OF INJURY (Mo., Day, Yr.):		HOUR OF INJURY:	
INJURY AT WORK (Specify Yes or No):		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):		DESCRIBE HOW INJURY OCCURRED:	
26a		26b		26c	
26d		26e		26f	
26g		26h		26i	
RESERVED FOR REGISTRAR'S USE					

STATE OF OREGON, COUNTY OF MULTNOMAH ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED March 23, 1982

Lauchlan State Registrar

STATE OF OREGON: COUNTY OF KLAMATH ss

I hereby certify that the within instrument was received and filed for record on the 19 day of April A.D., 1982 at 11:00 o'clock AM and duly recorded in Vol M 82, of Deeds on page 4784

FEE \$ 4.00

EVELYN BIRN COUNTY CLERK  
by Lauchlan Deputy