CERTIFICATE OF DEATH

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Vital Records Unit

11018 127

Local File Number

State File Number

DECEDENT

1 DECEDENT—NAME: First MARJORIE; Middle I.; Last HADLOCK

2 DATE OF DEATH (month, day, year): April 9, 1982

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE Last birthday (years): 58

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): February 23, 1924

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street address): West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Am. Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Iowa

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Fredrick B. Hadlock

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 543-20-6906

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife

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: 4224 Laverne Street 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Christopher - Homerding

17 MOTHER—Maiden Name first middle last: Sarah Ann Smith

18 INFORMANT—NAME and relationship to deceased: Fredrick B. Hadlock, husband

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFIER

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.]: 4-12-82

21c HOUR OF DEATH: 4:40 P M

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

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 13 1982

22b REGISTRAR [Signature]: Claudia Francis

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

23 IMMEDIATE CAUSE

PART I (a) CEREBROVASCULAR ACCIDENT — Interval between onset and death: 6 weeks

DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:

[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): CEREBRAL ANGIOGRAM 1 RADIUM IMPLANT

USE OF DEATH

24 AUTOPSY [Specify Yes or No]: No

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:

26d DESCRIBE HOW INJURY OCCURRED:

26a 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

HS-2 (Rev. 1/82)

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 APR 13 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

(SEAL)

'82 APR 19 PM 3 46

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., 19 82 at 3:46 o'clock P M and duly recorded in Vol M-82, of Deeds on page 4842

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce McDaniel Deputy