

# CERTIFICATE OF DEATH

Vol. M82 page 8353

Vital Records Unit

State File Number

TYPE  
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BOOK

13205238

Local File Number

DECEASED—NAME First Middle Last <b>June Rose Marie Moore</b>		DATE OF DEATH (month, day, year) <b>2 June 29, 1982</b>	
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>		2 DATE OF BIRTH (month, day, year) <b>6 June 10, 1923</b>	
3 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		4 SEX <b>Female</b>	
5 AGE—Last birthday (years) <b>59</b>		6 IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) <b>Inpatient</b>	
7 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>Merle West Medical Center</b>		8 COUNTY OF DEATH <b>Klamath</b>	
9 STATE OF BIRTH (If not in U.S.A., name country) <b>Minnesota</b>		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	
11 SOCIAL SECURITY NUMBER <b>553-42-1872</b>		12 SPOUSE (IF MARRIED, WIDOWED) <b>Leslie E. Moore</b>	
13 RESIDENCE—STATE <b>Oregon</b>		14 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Homemaker</b>	
15a COUNTY <b>Klamath</b>		15b CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
15c STREET AND NUMBER OR R.F.D., ZIP <b>2033 Madison Ave. 97601</b>		15d INSIDE CITY LIMITS (specify yes or no) <b>No</b>	
16 FATHER—NAME first middle last <b>Harry Duff</b>		17 MOTHER—Maiden Name first middle last <b>Odessa Craven</b>	
18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Cremation</b>		19 CEMETERY OR CREMATORY—NAME <b>Klamath Cremation Service</b>	
20a FUNERAL SERVICE LICENSEE OF Person Acting As Such (Signature) <i>[Signature]</i>		20b NAME AND ADDRESS OF FACILITY <b>O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or</b>	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>[Signature]</i>		21b DATE SIGNED (Mo., Day, Yr.) <b>6/30/82</b>	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Blake Berven M.D., 2616 Clover St., Klamath Falls, Oregon 97601</b>		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>JUN 30 1982</b>		22b REGISTRAR (Signature) <i>[Signature]</i>	
23 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: <b>VENTRICULAR FIBRILLATION</b>		Interval between onset and death <b>5 MIN</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>SEVERE CORONARY ARTERY DISEASE</b>		Interval between onset and death <b>2 YRS</b>	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>CONVULSIVE DISORDER, PNEUMONIA</b>		24 AUTOPSY (Specify Yes or No) <b>No</b>	
25a ACCIDENT (Specify Yes or No)		25b WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>No</b>	
26a INJURY AT WORK (Specify Yes or No)		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26c DATE OF INJURY (Mo., Day, Yr.)		26d HOUR OF INJURY	
26e INJURY AT WORK (Specify Yes or No)		26f DESCRIBE HOW INJURY OCCURRED	
26g LOCATION		26h STREET OR R.F.D. NO	
26i CITY OR TOWN		26j STATE	
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 *[Signature]* Deputy Registrar  
Date **JUN 30 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 1 day of July A.D., 1982 at 1:06 o'clock p M and duly recorded in Vol. M 82, of Deeds on page 8353

EVELYN BIEHN COUNTY CLERK  
by *[Signature]* Deputy

FEE \$ 4.00

Return:  
Leslie E. Moore  
2033 Madison St.  
Klamath Falls, Ore.