of Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

CERTIFICATE OF DEATH

Vol M82 Page 9344

Vital Records Unit

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

13823 96
Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First MYRTLE; Middle ERMA; Last LOCKREM

2 DATE OF DEATH (month, day, year): March 17, 1982

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

4 SEX: Female

5a AGE—Last birthday (years): 68

5b Under 1 year: mos.

5c Under 1 day: hours; min.

6 DATE OF BIRTH (month, day, year): May 24, 1913

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 Center

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): North Dakota

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Richard Lockrem

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 540-28-7429

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: 1848 Bisbee St. 97601

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

16 FATHER—NAME first middle last: Charles Wiseman

17 MOTHER—Maiden Name first middle last: Florence Grilley

18 INFORMANT—NAME and relationship to deceased: Richard Lockrem - Husband

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

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

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

DISPOSITION

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: Ward's - 1945 Main St. - Klamath Falls, Ore. 9760

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]: Kenneth K. Magee

21b DATE SIGNED [Mo. Day. Yr.]: 3-18-82

21c HOUR OF DEATH: 4:55 PM

NAME AND ADDRESS OF CERTIFIER [Type or Print]

21d Kenneth K. Magee, M.D. 905 Main St./Suite 409 Klamath Falls, Ore

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

21e

QL 4/

DATE RECEIVED BY REGISTRAR [Mo. Day. Yr.]

22a MAR 22 1982

REGISTRAR

22b [Signature]: Claudia Francis

CAUSE OF DEATH

PART I

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

(a) Cardiac Arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Superior Vena Cava Obstruction — Interval between onset and death: 5 days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Malignant Lymphoma, follicular — Interval between onset and death: 8 yrs

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]: 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 M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK [Specify Yes or No]: 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

Ret Bob Puckett
280 Main K Falls

HS-2 (Rev. 1/80)

'82 JUL 21 PM 2 28

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 MAR 22 1982

VOID IF ALTERED

(SEAL)

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 21 day of July A.D., 1982 at 2:28 o'clock P M., and duly recorded in Vol M 82, of Deeds on page 9344.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Jeanne McCrea deputy