Oregon
STATE HEALTH DIVISION
Dept of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. 1982 Page 9522

13936
188
Local File Number

State File Number

DECEASED—NAME 1 First: Stella Middle: Mae Last: Simpson

2 DATE OF DEATH (month, day, year): May 26, 1982

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

4 SEX: Female

5a AGE—Last birthday (years): 82

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 26, 1900

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 907 Kane St.

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: -

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Charles Simpson

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

13 SOCIAL SECURITY NUMBER: 725-05-1841

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

14b KIND OF BUSINESS OR INDUSTRY: -

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 907 Kane St. 97601

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

16 FATHER—NAME first middle last: Frank Grisham

17 MOTHER—Maiden Name first middle last: Mary Etta Fisher

18 INFORMANT—NAME and relationship to deceased: Mark Scrimsher, Grandson

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

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: Mike Gla.

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

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]: J.M. Clure

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Edward T. McClure M.D., 905 Main St. Suite 200, Klamath Falls, Oregon 97601

21b DATE SIGNED [Mo., Day, Yr.]: 5/28/82

21c HOUR OF DEATH: 5:50 P. M

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 28 1982

22b REGISTRAR [Signature]: Claudia Francis

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

PART I (a): Respiratory arrest — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (b): Metastatic Cancer of ? colon — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF: (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):

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

26a ACCIDENT [Specify Yes or No]

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY occurred

26e 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. 1/80)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date JUN 1 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 26 day of July A.D., 19 82 at 3:30 o'clock P M., and duly recorded in Vol M 82 of Deeds on page 9522.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy