

CERTIFICATE OF DEATH

Vital Records Unit

81-002647

Page 10619

14622

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
AND BOOK

36
CEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
S HANDBOOK
REGARDING
FILLING OF
DEATH ITEMS

20

POSITION

182

ATIFIER

CONDITIONS
IF ANY
WICH GAVE
RISE TO
IMMEDIATE
CAUSE
TATING THE
UNDERLYING
AUSE LAST

USE OF
DEATH

1629

5. -

6. -

DECEASED - NAME First Middle Last EVA MARIE CONLEY		State File Number February 25, 1981	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF BIRTH (month, day, year) May 4, 1936	
3 SEX Female		4 AGE - Last birthday (years) 44	
5a Under 1 year 5b Under 1 day		6 COUNTY OF DEATH Klamath	
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) K1 Co Nursing Home	
7c INPATIENT		7d WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
8 STATE OF BIRTH (If not in U.S.A., name country) Colorado		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Divorced		11 SPOUSE (IF MARRIED, WIDOWED) -	
12 SOCIAL SECURITY NUMBER 542-38-0742		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Supervisor	
14a CITY, TOWN, OR LOCATION Klamath Falls		14b STREET AND NUMBER OR R.F.D., ZIP 1518 Ivory	
15a FATHER - NAME Robert Fowler		15b MOTHER - Maiden Name Lucille Barnes	
16 BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Cremation		17 CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	
18a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) James R. [Signature]		18b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601	
19a DATE SIGNED (Mo., Day, Yr.) 2-26-81		19b HOUR OF DEATH 2:02 P.M.	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Edward T. McClure, MD / 905 Main; Suite 200 / Klamath Falls, Oregon		20b NAME AND ADDRESS OF CERTIFIER (Type or Print) Edward T. McClure, MD / 905 Main; Suite 200 / Klamath Falls, Oregon	
21a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEB 27 1981		21b REGISTRAR (Signature) [Signature]	
22a IMMEDIATE CAUSE PART I (a) Metastatic cancer of the lung. DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		22b INTERVAL BETWEEN ONSET AND DEATH Interval between onset and death Interval between onset and death Interval between onset and death	
23a ACCIDENT (Specify Yes or No) No		23b DATE OF INJURY (Mo., Day, Yr.) 26c HOUR OF INJURY M 26d DESCRIBE HOW INJURY OCCURRED	
24a INJURY AT WORK (Specify Yes or No) No		24b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f LOCATION 26g STREET OR R.F.D. NO. CITY OR TOWN STATE	
25a RESERVED FOR REGISTRAR'S USE			

Ret → Bernie Hicks
820 W. [unclear]
K Falls, O.



DATE ISSUED August 6 1982

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.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 16 day of August A.D., 1982 at 11:20 o'clock A.M., and duly recorded in Vol. M82, of deeds on page. 10619

EVELYN BIEHN COUNTY CLERK
by [Signature] Deputy

Fee \$ 4.00