

CERTIFICATE OF DEATH

Vol. M82 Page 11035

Vital Records Unit

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BOOK

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State File Number

Local File Number

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DECEASED—NAME First Middle Last RACHEL LUCINDA MILLER		DATE OF DEATH (month, day, year) June 11, 1982	
RACE White, Black, American Indian, etc. (specify) White		SEX Female	AGE—Last birthday (years) 93
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF BIRTH (month, day, year) May 4, 1889	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		COUNTY OF DEATH Klamath	
STATE OF BIRTH (if not in U.S., name country) Kansas		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed
SOCIAL SECURITY NUMBER 541 - 09 - 0357		SPOUSE (IF MARRIED, WIDOWED) Adolf Miller	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker		KIND OF BUSINESS OR INDUSTRY Homemaking	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 624 Mitchell 97601
FATHER—NAME first middle last Jesse Locke		MOTHER—Maiden Name first middle last Lois D. Streeter	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Klamath Memorial Park	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) James A. J. J.		NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) Everett E. Howard		DATE SIGNED (Mo., Day, Yr.) 6-11-82	HOUR OF DEATH 1:10 A M
NAME AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard, MD / 2622 Campus Dr / Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 14 1982		REGISTRAR (Signature) Claudia Francis	
PART I IMMEDIATE CAUSE (a) CARDIOPROXYCOXIAL ACCIDENT		Interval between onset and death 2 WEEKS	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) CARDIAC DECOMPRESSION		AUTOPSY [Specify Yes or No] No	
ACCIDENT [Specify Yes or No] No		WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] No	
DATE OF INJURY (Mo., Day, Yr.) 26a	HOUR OF INJURY 26b	DESCRIBE HOW INJURY OCCURRED 26c	
INJURY AT WORK [Specify Yes or No] No		LOCATION 26d	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26e		STREET OR R.F.D. NO. 26f	
CITY OR TOWN 26g		STATE	

RESERVED FOR REGISTRAR'S USE

Tape also
Ret Mardyn Cheyne
2246 Radcliffe
K Falls A

HS-2 (Rev. 1/80)

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED JULY 12 1982

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

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 24 day of August A.D., 1982 at 9:44 o'clock A M, and duly recorded in Vol M 82, of Deeds on page 11035

EVELYN BIEHN COUNTY CLERK

by Jay McQuinn Deputy

Fee \$ 4.00