

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 11603

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
STRUCTURES
SEE
HANDBOOK

15195 293

State File Number

DECEASED—NAME First Middle Last MELISSA MARY BLAKE		DATE OF DEATH (month, day, year) August 6, 1982	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF BIRTH (month, day, year) February 17, 1916	
3 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 COUNTY OF DEATH Klamath	
7a STATE OF BIRTH (If not in U.S.A., name country) Oregon		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center	
8 SOCIAL SECURITY NUMBER 543 / 09 / 4403		11 SPOUSE (IF MARRIED, WIDOWED) Albert M.	
13 RESIDENCE—STATE Oregon		14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Beautician / Retired	
15a FATHER—NAME first middle last Max Hartlerode		15b MOTHER—Maiden Name first middle last Anna Vavrika	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
19a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>[Signature]</i>		19b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Or. - 97601	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: Mark S. Kochevar		21b DATE SIGNED (Mo. Day, Yr.) 8-6-82	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Mark S. Kochevar, MD / 1905 Main St. / Klamath Falls, Oregon 97601		21c HOUR OF DEATH 4:01 A.M.	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) AUG 9 1982		22b REGISTRAR <i>[Signature]</i>	
23 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: Respiratory arrest		Interval between onset and death 20 min	
(b) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Embolus		Interval between onset and death 36 hrs	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Pericarditis - fistula to intestines		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Post operative - bowel resection - hysterectomy		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
26a INJURY AT WORK (Specify Yes or No) No		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26c	
26c		26d	
26e		26f	

RESERVED FOR REGISTRAR'S USE

AFTER RECORDING RETURN TO:
BOIVIN & BOIVIN, P. C.
Attorneys at Law
110 North Sixth Street
Klamath Falls, Oregon 97601

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 **AUG 10 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 2 day of Sept A.D., 19 82 at 11:19 o'clock A M, and duly recorded in Vol M 82, of Deeds on page 11603

EVELYN BIEHN COUNTY CLERK
by *[Signature]* Deputy

Fee \$ 4.00