STATE HEALTH DIVISION
Dept of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

15379 188
Local File Number

M82 11939
State File Number

1 DECEASED—NAME: 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 Glass	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	21b DATE SIGNED [Mo., Day, Yr.]: 5/28/82	21c HOUR OF DEATH: 5:50 P. M			
NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Edward T. McClure M.D., 905 Main St. Suite 200, Klamath Falls, Oregon 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 2 8 1982	22b REGISTRAR [Signature]: Glenda Francis				

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

		Interval between onset and death
(a)	Respiratory arrest	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Metastatic Cancer of the 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]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No	Yes

26a ACCIDENT [Specify Yes or 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]	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 - Michael Mills
210 N 4th
K. Falls

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 Glenda 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 9 day of Sept A.D., 1982 at 3:49 o'clock P M, and duly recorded in Vol M 82, of Deeds on page 11939.

EVELYN BIEHN COUNTY CLERK
by Joyce McClure Deputy

Fee $ 4.00