Oregon
STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vol. M82 Page 11940

15380

Vital Records Unit

492

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF DECEDENT ITEMS.

1 DECEASED—NAME	First: CORA	Middle: GRAY	Last: WOODWARD	2 DATE OF DEATH (month, day, year)	December 21, 1981
3 RACE White, Black, American Indian, etc. (specify)	White	4 SEX	Female	5a AGE—Last birthday (years)	80
				5b Under 1 year: mos. / days	
				5c Under 1 day: hours / min.	
6 DATE OF BIRTH (month, day, year)	March 15, 1901				
7a CITY, TOWN OR LOCATION OF DEATH	Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Inp., Inpatient (Specify)	Inpatient
7d COUNTY OF DEATH	Klamath				
8 STATE OF BIRTH (If not in U.S.A., name country)	Oregon	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Charles	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No		
13 SOCIAL SECURITY NUMBER	541-16-4316	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Housewife	14b KIND OF BUSINESS OR INDUSTRY	Homemaking
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	4627 Shasta Way 97601	15e Inside City Limits (specify yes or no)	No ✓		
16 FATHER—NAME first middle last	Charlie Gray	17 MOTHER—Maiden Name first middle last	Rose Yockum	18 INFORMANT—NAME and relationship to deceased	Charles Woodward - Husband
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial	19b CEMETERY OR CREMATORY—NAME	Eternal Hills Mem. Gardens	19c LOCATION city or town, state	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]	Jim Lancaster	20b NAME AND ADDRESS OF FACILITY	Ward's / 1945 Main St. / Klamath Falls, Ore.		

DISPOSITION

1. _____
2. _____
3. _____

CERTIFIER

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] David Reeder MD — 21b DATE SIGNED [Mo., Day, Yr.] 12.22.81 — 21c HOUR OF DEATH 1:45 A.M.

NAME AND ADDRESS OF CERTIFIER [Type or Print]: David D. Reeder, M.D. 2301 Mt. View Blvd. Klamath Falls, Ore.

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 23 1981 — 22a

22b REGISTRAR [Signature]: Claudia Francis

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (STATING THE UNDERLYING CAUSE LAST)

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE (a): Sepsis — Interval between onset and death: Hours

DUE TO, OR AS A CONSEQUENCE OF: (b) Carcinoma Sigmoid Colon - Perforated — Interval between onset and death: Days

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]: No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
No		M	

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
No		

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date DEC 23 1981

VOID IF ALTERED

(SEAL)

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 M82, of Deeds on page 11940

EVELYN BIEHN COUNTY CLERK

by Joyce McClure Deputy

Fee $ 4.00