CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 14858

17003 265
Local File Number

State File Number

1 DECEASED—NAME: First: DOROTHY	Middle: ALICE	Last: WILSON		2 DATE OF DEATH (month, day, year): June 29, 1982	
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Female	5a AGE—Last birthday (years): 61	Under 1 year: 5b mos / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): January 24, 1921
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., Rm., Inpatient (Specify): Inpatient			7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Washington	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Everett		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 544 - 16 - 7861	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker	14b KIND OF BUSINESS OR INDUSTRY: Homemaking			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Bonanza	15d STREET AND NUMBER OR R.F.D., ZIP: Rt. 2 Box 75 97623		15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: John Davidson	17 MOTHER—Maiden Name first middle last: Effie Scriber	18 INFORMANT—NAME and relationship to deceased: Everett Wilson - 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]: Tim Lancaster	20b NAME AND ADDRESS OF FACILITY: Ward's - 1945 Main 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]: George Zupan MD	21b DATE SIGNED [Mo., Day, Yr.]: July 22, 1982	21c HOUR OF DEATH: 7:55 A. M			
NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d George Zupan, MD 1905 Main St. Klamath Falls, Ore. 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e					
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a JUL 22 1982	REGISTRAR: 22b [Signature] Glenda Frances				

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

PART I
(a) CARDIO-VASCULAR COLLAPSE — Interval between onset and death: MIN. - HOURS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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): CHRONIC PROGRESSIVE CEREBRAL ATROPY

AUTOPSY (Specify Yes or No) 24: Yes

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25: Yes

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

INJURY AT WORK (Specify Yes or No) 26e	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
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 Glenda Frances, Deputy Registrar
Date JUL 22 1982
VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

After recording, return to: D.L. Hoots, 2261 S. 6th St. Klamath Falls, OR

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 8 day of Nov A.D., 19 82 at 2:06 o'clock P M, and duly recorded in Vol M82, of Deeds on page 14858

Fee $4.00

EVELYN BIEHN COUNTY CLERK
by [signature] Deputy