

13080

CERTIFICATE OF DEATH

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Vital Records Unit

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
DUPLICATIONS
SEE
40800K

IDENT
DEATH
OCCURRED IN
HOSPITAL,
NURSING HOME,
JAIL, OR
LOCATION OF
DEATH

SITUATION

OFFICER

NOTATIONS
IF ANY
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USE TO
MEDICATE
CAUSE
DURING THE
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DECEASED—NAME First: Dora Middle: F. Last: Williams		State File Number 2	
Local File Number 440		DATE OF DEATH (month, day, year) December 1, 1982	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Female	3 AGE—Last birthday (years) 86	4 Under 1 year Under 1 day
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Mt. View Care Center	7 F HOSP. OR INST. Indicate OOA, OPEmer., Am., Inpatient (Specify) Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country) Kansas		9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
11 SOCIAL SECURITY NUMBER 540-26-3088		12 COUNTY OF DEATH Klamath	
13 RESIDENCE—STATE Oregon		14 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker	
15 FATHER—NAME first middle last Edward Weaver		16 MOTHER—Maiden Name first middle last Hattie Lancaster	
17 BURIAL, CREMATION, REMOVAL, MAIMS (specify) Burial		18 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
19 FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) Mike Hair		20 NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or	
21 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated John D. Merryman M.D.		22 DATE SIGNED (Mo., Day, Yr.) Dec. 1, 1982	
23 NAME AND ADDRESS OF CERTIFIER (Type or Print) John D. Merryman M.D., 303 Pine St., Klamath Falls, Oregon 97601		24 HOUR OF DEATH 11:30 A.	
25 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 2 1982		26 REGISTRAR Marian Ackerman	
27 IMMEDIATE CAUSE PART I (a) Due to, or as a consequence of: Cerebral thrombosis		28 Interval between onset and death 15 min.	
29 PART I (b) Due to, or as a consequence of: Cerebral intracerebral hemorrhage		30 Interval between onset and death 16 min.	
31 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		32 Interval between onset and death	
33 ACCIDENT (Specify Yes or No) No		34 DATE OF INJURY (Mo., Day, Yr.) 26b	
35 HOUR OF INJURY 26c		36 DESCRIBE HOW INJURY OCCURRED M 26d	
37 INJURY AT WORK (Specify Yes or No) No		38 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	
39 LOCATION 26g		40 STREET OR R.F.D. NO CITY OR TOWN STATE	

2029 Garden
K. Falls, Or.

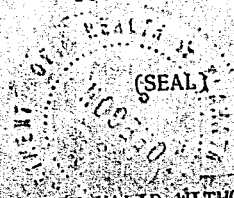
HS-2 (Rev. 1/80)

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 Marian Ackerman, Deputy Registrar
Date DEC 6 1982
VOID IF ALTERED



STATE OF OREGON; COUNTY OF KLAMATH; ss
I hereby certify that the within instrument was received and filed for record on the 7 day of Dec. A.D., 19 82 at 9:32 o'clock A M and duly recorded in Vol. M82, of Deeds on page 17250

EVELYN BIEHN COUNTY CLERK
by Loyce McCloud Deputy

FEE \$ 4.00