If Oregon
STATE HEALTH DIVISION
Dept of Human Resources

CERTIFICATE OF DEATH

Vol M82 Page 17289

Vital Records Unit

18104 434
Local File Number

State File Number

PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DEATH USED IN INSTITUTION. HANDBOOK GARDING PLETION OF NCE ITEMS

1 DECEASED—NAME (First) BESSIE	(Middle) E.	(Last) THOMSON		2 DATE OF DEATH (month, day, year) November 30, 1982	
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Female	AGE—Last birthday (years) 5a 64	Under 1 year: mos / days 5b	Under 1 day: hours / min 5c	6 DATE OF BIRTH (month, day, year) December 16, 1917
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) Wyoming	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Robert E. Thomson		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] No
13 SOCIAL SECURITY NUMBER 504-10-3065	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 Midland	15d STREET AND NUMBER OR R.F.D., ZIP P.O. Box 23 97634		15e Inside City Limits (specify yes or no) No
16 FATHER—NAME first Walter middle W. last Caswell	17 MOTHER—Maiden Name first Maggie middle — last Mills		18 INFORMANT—NAME and relationship to deceased Robert E. Thomson, husband		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation	19b CEMETERY OR CREMATORY—NAME Eternal Hills Crematory		19c LOCATION city or town Klamath Falls, Oregon 97601		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] William F. Davenport	NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Klamath Falls, Oregon 97601				

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] [illegible]

NAME AND ADDRESS OF CERTIFIER [Type or Print]

21d Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601

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

21b DATE SIGNED [Mo., Day, Yr.] 12/1/82

21c HOUR OF DEATH 8:20 P M

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

CAUSE OF DEATH

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a DEC 1 1982

REGISTRAR 22b [Signature] Claudia Francis

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

23 IMMEDIATE CAUSE (a) Respiratory Failure — Interval between onset and death 1 wk

DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia — Interval between onset and death 1 wk

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). Quadriplegia

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			
26e INJURY AT WORK [Specify Yes or No] 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

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 1 1982

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 &7 day of Dec. A.D., 1982 at 3:11 o'clock p M., and duly recorded in Vol M82 of Deeds on page 17289.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McTavish deputy