

18201

Vital Records Unit

Page 17468

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
HELEN		M.	MALONE		December 5, 1982	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year		DATE OF BIRTH (month, day, year)
3 White		4 Female	5a 68	5b mos. days	5c hours min	6 February 21, 1914
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify)		COUNTY OF DEATH
7a Klamath Falls		7b 6939 Henley Road		7c		7d Klamath
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)	
8 Oregon		9 U.S.A.	10 Married		11 Everett E. Malone	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
13 540-34-0831		14a Housewife		14b Homemaking		12 No
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify Yes or No)
15a Oregon		15b Klamath	15c Klamath Falls	15d 7617 Hilyard Avenue		15e NO
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 Benjamin Crasper		17 Nettie Pearl Resseguie		18 Everett E. Malone, husband		
BURIAL, CREMATION, REMOVAL, MAUS., (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a William J. Davenport		20b 6120 South Sixth Street, Klamath Falls, Oregon 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a [Signature] R. Rand Hale		21b 12-6-82		21c 9:35 A M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
21d R. Rand Hale, MD, 2584 Campus Drive, Klamath Falls, Oregon 97601						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a DEC 6 1982		22b [Signature] Claudia Francis				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
PART I (a) OVARIAN CARCINOMA						
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b)						
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c)						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
24 No		25 No				
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a No		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	STATE
26e NO		26f	26g			
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 7 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 Dec. A.D., 19 82 at 2:25 o'clock p M., and duly recorded in Vol MB2, of Deeds on page 17468.

EVELYN BIEHN COUNTY CLERK

by Joyce McArthur DeputyFee \$ 4.00