

CERTIFICATE OF DEATH

Vol. 83 Page 234

Vital Records Unit

TYPE
 OR PRINT
 IN
 PERMANENT
 BLACK
 INK
 FOR
 INSTRUCTIONS
 SEE
 HANDBOOK

DECEDENT

IF DEATH
 OCCURRED IN
 INSTITUTION,
 HANDBOOK
 REGARDING
 COMPLETION OF
 CERTIFICATE ITEMS

POSITION

CERTIFIER

CONDITIONS
 IF ANY
 WHICH GAVE
 RISE TO
 IMMEDIATE
 CAUSE
 FATALITY THE
 UNDERLYING
 CAUSE LAST

USE OF
 DEATH

DECEASED—NAME First Middle Last ALMA F. HALL		State File Number	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF DEATH (month, day, year) December 17, 1982	
3 SEX Female		4 AGE—Last birthday (years) 89	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 DATE OF BIRTH (month, day, year) May 20, 1893	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Mt. View Care Cent.		7b IF HOSP OR INST indicate DOA, OP, Emerg. Rm., Inpatient (Specify) Inpatient	
8 STATE OF BIRTH (If not in U.S.A., name country) Oregon		9 COUNTY OF DEATH Klamath	
10 SOCIAL SECURITY NUMBER 540 - 26 - 4114		11 SPOUSE (If married, widowed, divorced, separated, etc. (Specify)) Ivan Hall	
12 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
14a RESIDENCE—STATE Oregon		14b KIND OF BUSINESS OR INDUSTRY Homemaking	
15a FATHER—NAME first middle last Oscar Funke		15b CITY, TOWN, OR LOCATION Klamath Falls	
16 MOTHER—Maiden Name first middle last Laura Young		17 STREET AND NUMBER OR R.F.D., ZIP 711 Washburn Way 97601	
18 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		19 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
20a FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) James H. Stuart		20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon - 97601	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) Bryan J. Stuart		21b DATE SIGNED (Mo., Day, Yr.) JAN 5 1983	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) Bryan J. Stuart, MD / 2300 Clairmont / Klamath Falls, Oregon - 97601		21d HOUR OF DEATH 3:50 A.M.	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 5 1983	
22b REGISTRAR (Signature) Claudia Fennis		23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I (a) Sepsis		Interval between onset and death	
(b) Chronic lung tract infection		Interval between onset and death	
(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)			
24a ACCIDENT (Specify Yes or No) No		24b DATE OF INJURY (Mo., Day, Yr.)	
24c HOURS OF INJURY		24d DESCRIBE HOW INJURY OCCURRED	
24e INJURY AT WORK (Specify Yes or No)		24f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
24g LOCATION		24h STREET OR R.F.D. NO.	
24i CITY OR TOWN		24j STATE	

RESERVED FOR REGISTRAR'S USE

June Humphries
 1373 Lakeshore Dr.
 K-Falls, OR 97601

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 Fennis, Deputy Registrar
 Date JAN 5 1983
 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

5 day of Jan A.D., 1983 at 4:28 o'clock P.M., and duly recorded in

Vol. M83 of Deeds on page 234.

Fee \$ 4.00.

EVELYN BIEHN
 COUNTY CLERK

By Deborah A. Fennis deputy