

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 1144

TYPE
PRINT
IN
BLACK
INK
FOR
DUPLICATIONS
SEE
BOOK

IDENT
DEATH
CAUSE
IN
INSTRUMENT
BOOK
WORKING
SECTION OF
MCE ITEMS

SIGNATURE

CERTIFYING PHYSICIAN

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
DURING THE
LIFE OF THE
DECEASED

SE OF
DEATH

15663 5/2 Local File Number		First Middle Last Maiddie L. Moore		State File Number	
1 DECEASED—NAME		2 DATE OF DEATH (month, day, year) January 13, 1983		3 DATE OF BIRTH (month, day, year) January 20, 1922	
4 RACE (White, Black, American Indian, etc. (specify)) White		5 SEX Female		6 COUNTY OF DEATH Klamath	
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Med. Center		7c IF HOSP OR INST. Indicate DOA, OP, Emerg., Post, Inpatient (Specify) Inpatient	
8 STATE OF BIRTH (if not in U.S.A., name country) Texas		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
11 SOCIAL SECURITY NUMBER 544-10-7111		12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Relief Manager		13 SPOUSE (IF MARRIED WIDOWED) Melvin L. Moore	
14a RESIDENCE—STATE Oregon		14b CITY, TOWN, OR LOCATION Klamath Falls		14c STREET AND NUMBER OR R.F.D., ZIP 5705 Leland Dr. 97601	
15a FATHER—NAME Arthur Row		15b MOTHER—Maiden Name Arlene		16 INFORMANT—NAME and relationship to deceased Melvin L. Moore, Husband	
17 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		18 CEMETERY OR CREMATORY NAME Eternal Hills Memorial Gardens		19 NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or.	
20a FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) <i>Mike O'Hair</i>		20b DATE SIGNED (Mo., Day, Yr.) 1/14/83		20c HOUR OF DEATH 5:32 A. M.	
21a (Signature) <i>Glenn G. Gailis</i>		21b NAME AND ADDRESS OF CERTIFIER (Type or Print) Glenn G. Gailis, M.D., 1905 Main St., Klamath Falls, Oregon 97601		21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 14 1983		22b REGISTRAR (Signature) <i>Glenn G. Gailis</i>		23 IMMEDIATE CAUSE (a) CARDIO RESPIRATORY ARREST (b) INFERIOR MYOCARDIAL INFARCTION (c) CORONARY ARTERY DISEASE	
24 ACCIDENT (Specify Yes or No)		25 DATE OF INJURY (Mo., Day, Yr.)		26 HOUR OF INJURY	
27 INJURY AT WORK (Specify Yes or No)		28 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		29 DESCRIBE HOW INJURY OCCURRED	
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 *Glenn G. Gailis*, Deputy Registrar
Date JAN 14 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

20 day of Jan A.D., 1983 at 1:34 o'clock P. M., and duly recorded in

Vol. M83 of Deeds on page 1144.

Fee \$ 4.00

By *Evelyn Biehn*, deputy
COUNTY CLERK