

# CERTIFICATE OF DEATH

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Vital Records Unit

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HDSBOOK

19896 517

State File Number

IDENT

DEATH  
CERTIFIED IN  
HDSBOOK  
CARRYING  
PLETION OF  
DECEASED ITEMS

POSITION

CERTIFIER

NOTATIONS  
IF ANY  
HIGH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
AFFECTING THE  
UNDERLYING  
DEATH

USE OF  
DEATH

DECEASED - NAME First Middle Last <u>Ruth Holly Ball Radcliffe</u>		DATE OF DEATH (month, day, year) <u>January 17, 1983</u>	
RACE White, Black, American Indian etc. (specify) <u>White</u>	SEX <u>Female</u>	AGE - Last birthday (years) <u>88</u>	DATE OF BIRTH (month, day, year) <u>December 25, 1894</u>
CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) <u>1839 LeRoy St.</u>	COUNTY OF DEATH <u>Klamath</u>	
STATE OF BIRTH (If not in U.S.A., name country) <u>New York</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) <u>No</u>
SOCIAL SECURITY NUMBER <u>543-10-0588 B</u>	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>School Teacher</u>	SPOUSE (IF MARRIED, WIDOWED) <u>R. Heber Radcliffe</u>	KIND OF BUSINESS OR INDUSTRY <u>Elementary Education</u>
RESIDENCE - STATE <u>Oregon</u>	COUNTY <u>Klamath</u>	CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	STREET AND NUMBER OR R.F.D., ZIP <u>1839 LeRoy St. 97601</u>
FATHER NAME first middle last <u>William Carver Ball</u>	MOTHER Maiden Name first middle last <u>Glenn Lillie Whitford</u>	INFORMANT NAME and relationship to decedent <u>R. Heber Radcliffe, Husband</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Burial</u>	CEMETERY OR CREMATORY - NAME <u>Klamath Memorial Park</u>	LOCATION city or town state <u>Klamath Falls, Oregon</u>	
FUNERAL SERVICE LICENSEE (Person Acting As Such) (Signature) <u>[Signature]</u>	NAME AND ADDRESS OF FACILITY <u>Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,</u>		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <u>Everett E. Howard</u>		DATE SIGNED (M., Day, Yr.) <u>1-17-83</u>	HOUR OF DEATH <u>1:20 A. M.</u>
NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Oregon 97601</u>			
DATE RECEIVED BY REGISTRAR (M., Day, Yr.) <u>JAN 17 1983</u>		REGISTRAR <u>[Signature]</u>	
IMMEDIATE CAUSE PART I (a) <u>ACUTE MYOCARDIAL INFARCTION</u>		Interval between onset and death <u>5 hours</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
PART II ACCIDENT (Specify Yes or No)		AUTOPSY (Specify Yes or No) <u>No</u>	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <u>Yes</u>
DATE OF INJURY (M., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
26a INJURY AT WORK (Specify Yes or No)	26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	26c LOCATION	26d STREET OR R.F.D. NO CITY OR TOWN STATE
RESERVED FOR REGISTRAR'S USE			

AFTER RECORDING, RETURN TO:

HS-2 (Rev 1/80)

83 JUN 27 PM 3 25

STATE OF OREGON  
County of Klamath

Attorney at Law  
640 Main Street  
Klamath Falls, OR 97601

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

(SEAL)

By [Signature], Deputy Registrar  
Date JAN 18 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

27 day of Jan A.D., 19 83 at 3:25 o'clock P M., and duly recorded in

Vol M83 of Deeds on page 158

Fee \$ 4.00

EVELYN BIEHN  
COUNTY CLERK  
By [Signature] Deputy