21632 Local File Number

State File Number

DECEDENT—NAME: 1 First: Helen Middle: M. Last: WARD

2 DATE OF DEATH (month, day, year): February 5, 1983

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE—Last birthday (years): 75

5b Under 1 year: mos. days

5c Under 1 day: hours min

6 DATE OF BIRTH (month, day, year): August 11, 1907

7a CITY, TOWN OR LOCATION OF DEATH: Crescent

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): So. Highway 97-Residence

7c IF HOSP OR INST. Indicate DOA, OP, Emer., Inp., Inpatient (Specify):

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Idaho

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): divorced

11 SPOUSE (IF MARRIED, WIDOWED):

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): no

13 SOCIAL SECURITY NUMBER: 533 16 7359

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Crescent

15d STREET AND NUMBER OR R.F.D., ZIP: S. Hwy 97 97737

15e Inside City Limits (specify yes or no): no

16 FATHER—NAME first middle last: Horatio Sanborn

17 MOTHER—Maiden Name first middle last: Isabelle Fawcett

18 INFORMANT—NAME and relationship to deceased: Roberta Curfman, daughter; Mary Ann Keown, daughter

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Greenwood Memorial Cemetery

19c LOCATION city or town, State: Bend Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Vern L. Reynolds

20b NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds, Inc., 105 N.W. Irving, Bend, Or. 97701

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]:

21b DATE SIGNED (Mo., Day, Yr.): 2-6-83

21c HOUR OF DEATH: Found 3:15 P.M.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Larry Kovachevich, M.D., Huntington Road, LaPine, Oregon 97739

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): February 14, 1983

22b REGISTRAR [Signature]: Claudia Francis

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

PART I (a) Cardiac Arrest — Interval between onset and death: immediate

DUE TO, OR AS A CONSEQUENCE OF:

(b) Coronary artery disease — Interval between onset and death: yrs

DUE TO, OR AS A CONSEQUENCE OF:

(c) Hypertension — Interval between onset and death: yrs.

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No): no

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): yes

26a ACCIDENT (Specify Yes or No): no

26b DATE OF INJURY (Mo., Day, Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or 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

Rt 1 Box 641
Chiloquin Or. 97737

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 FEB 16 1983

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

FILED 83 FEB 22 AM 8:33

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 22 day of Feb. A.D., 19 83 at 8:33 o'clock A M and duly recorded in Vol M83, of Deeds on page 2638

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Joyce McClure Deputy