

20832

Page

INSTRUCTIONS
SEE
JANBOOK

DECEDENT
IF DEATH
OCCURRED IN
HOSPITAL
OR
NURSING HOME
OR
OTHER
INSTITUTION
OR
IF DEATH
OCCURRED
AT HOME
OR
IN
OTHER
PLACE
OF
DEATH
ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH
GAVE
RISE TO
IMMEDIATE
CAUSE
OF
DEATH
OR
OCCURRED
AT
THE
PLACE
OF
DEATH
LAST

USE OF
DEATH

4
5
6

DECEASED—NAME 1 <u>Helen</u> <u>M.</u> <u>WARD</u>		State File Number 2 <u>February 5, 1983</u>	
RACE—White, Black, American Indian, etc. (specify) 3 <u>White</u>		SEX 4 <u>Female</u>	AGE—Last birthday (years) 5a <u>75</u>
CITY, TOWN OR LOCATION OF DEATH 7a <u>Crescent</u>		DATE OF BIRTH (month, day, year) 6 <u>August 11, 1907</u>	
STATE OF BIRTH (if not in U.S., name country) 8 <u>Idaho</u>		CITIZEN OF WHAT COUNTRY 9 <u>USA</u>	DATE OF DEATH 11 <u>Klamath</u>
SOCIAL SECURITY NUMBER 13 <u>533 16 7359</u>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 <u>NO</u>	
RESIDENCE—STATE 15a <u>Oregon</u>		KIND OF BUSINESS OR INDUSTRY 14b <u>Own Home</u>	
COUNTY 15b <u>Klamath</u>		STREET AND NUMBER OR R.F.D., ZIP 15d <u>S. Hwy 97</u> <u>97737</u>	
CITY, TOWN, OR LOCATION 15c <u>Crescent</u>		INSIDE CITY LIMITS (specify yes or no) 15e <u>NO</u>	
FATHER—NAME first middle last 16 <u>Horatio Sanborn</u>		MOTHER—Maiden Name first middle last 17 <u>Isabelle Fawcett</u>	
BURIAL, CREMATION, REMOVAL, MAUS, (specify) 19a <u>Burial</u>		CEMETERY OR CREMATORY—NAME 19b <u>Greenwood Memorial Cemetery</u>	
FURNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) 20a <u>Larry Kovachevich</u>		NAME AND ADDRESS OF FACILITY 20b <u>Niswonger-Reynolds, Inc., 105 N.W. Irving, Bend, Or. 97701</u>	
To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated 21a (Signature) <u>Larry Kovachevich</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>2-9-83</u>	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21c <u>Larry Kovachevich, M.D., Huntington Road, LaPine, Oregon 97739</u>		HOUR OF DEATH 21d <u>3:15 P.M.</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>February 14, 1983</u>	
22b (Signature) <u>Marian Ackerman</u>		REGISTRAR <u>Marian Ackerman</u>	
PART I (a) <u>Cardiac arrest</u> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
(b) <u>Emphysema, artery disease</u> DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <u>hrs</u>	
(c) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>hrs</u>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 <u>NO</u>	
ACCIDENT (Specify Yes or No) 25a <u>NO</u>		DATE OF INJURY (Mo., Day, Yr.) 25b	
HOUR OF INJURY 25c		DESCRIBE HOW INJURY OCCURRED 25d	
INJURY AT WORK (Specify Yes or No) 26a		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b	
LOCATION 26c		STREET OR R.F.D. NO 26d	
CITY OR TOWN 26e		STATE 26f	

RE Mary Ann Keown
Box 641
Crescent Or. 97737

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 Marian Ackerman, Deputy Registrar
Date FEB 16 1983

VOID IF ALTERED

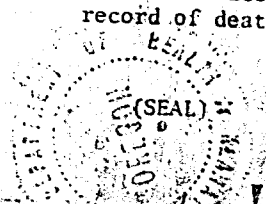
NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 22 day of Feb. A.D., 19 83 at 8:33 o'clock A M and duly recorded in Vol MB3, of Deeds on page 2638

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK
by Evelyn Biehn Deputy

283 FEB 22 AM 8 33



HS-2 (Rev. 1/80)