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Vital Records Unit

Local File Number				State File Number			
DECEASED—NAME 1 IRENE DOROTHY DICK				DATE OF DEATH (month, day, year) 2 February 19, 1983			
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Female	AGE—Last birthday (years) 5a 66	Under 1 year 5b mo days	Under 1 day 5c hr min	DATE OF BIRTH (month, day, year) 6 November 18, 1916	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in office, give street and number) 7b West Medical Center		COUNTY OF DEATH 7c Emer. Rm.		COUNTY OF DEATH 7d Klamath	
STATE OF BIRTH (If not in U.S., name country) 8 Canada		CITIZEN OF WHAT COUNTRY 9 Canada		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (IF MARRIED, WIDOWED) 11 Jack H. Dick	
SOCIAL SECURITY NUMBER 13 325-18-0681		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b Homemaking		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Keno	STREET AND NUMBER OR R.F.D., ZIP 15d P.O. Box 351		Inside City Limits (specify yes or no) 15e No	
FATHER—NAME first middle last 16 William - Peacock		MOTHER—Name first middle last 17 Sophia - Pfleeger		INFORMANT NAME and relationship to decedent 18 Jack H. Dick, husband		Y	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Nimshew Cemetery		LOCATION city or town state 19c Magalia, California 95969			
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William J. Navespart		NAME AND ADDRESS OF FACILITY 20a Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.) 21b 2/21/83		EXPIRATION DATE 21c 10:27 A M	
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) Everett E. Howard NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e William C. Fridinger, MD, Emer. Rm, West Medical Center, Klamath Falls, Oregon 97601		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a FEB 22 1983		REGISTRAR 22b (Signature) Marian Ackerman			
PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c]) (a) HEART MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: (b) OLD MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death minutes years years					
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I (a) 64-PASS HEART SURGERY 1978		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes			
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b _____	HOUR OF INJURY 26c _____	DESCRIBE HOW INJURY OCCURRED 26d _____			
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f _____	LOCATION 26g _____	STREET OR R.F.D. NO 26h _____		CITY OR TOWN 26i _____	
STATE 26j _____		CITY OR TOWN 26k _____		STATE 26l _____			

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

(SEAL)

By *Shirley L. Farnham*, Deputy Registrar
Date **FEB 22 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

28th day of February A.D., 1983 at 11:19 o'clock A M., and duly recorded in

Vol M83 of Deeds on page 3007.

Fee \$4.00

EVELYN BIEHN
COUNTY CLERK

By *Joyce M. Klam* deputy