

CERTIFICATE OF DEATH

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21415

Vital Records Unit

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
DUPLICATIONS
SEE
HDBOOK

IDENT
DEATH
ARRIVED IN
HOSPITAL
HANDBOOK
SARFING
SECTION OF
HDBOOK

POSITION

OFFICER

CONDITIONS
IF ANY
GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
DETERMINING
USE LAST

USE OF
DEATH

Local File Number 21415		State File Number	
DECEASED—NAME First: HELEN Middle: G. Last: LEHRMAN		DATE OF DEATH (month, day, year) 2 March 8, 1983	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Female	AGE—Last birthday (years) 5a 82
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center	DATE OF BIRTH (month, day, year) 6 September 30, 1900
STATE OF BIRTH (If not in U.S.A., name country) 8 Illinois		CITIZEN OF WHAT COUNTRY 9 U.S.A.	COUNTY OF DEATH 7d Klamath
SOCIAL SECURITY NUMBER 13 542-52-8686		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Howard I. Lehrman
RESIDENCE—STATE 15a Oregon		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Housewife	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
COUNTY 15b Klamath		KIND OF BUSINESS OR INDUSTRY 14b Homemaking	
CITY, TOWN, OR LOCATION 15c Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 15d 933 Owens Street	Inside City Limits (specify yes or no) 15e Yes
FATHER—NAME first middle last 16 James - Wilson		MOTHER—Maiden Name first middle last 17 Susan - King	INFORMANT—NAME and relationship to deceased 18 Howard Ivan Lehrman, husband
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	LOCATION city or town state 19c Klamath Falls, Oregon 97601
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a William J. Davenport		NAME AND ADDRESS OF FACILITY 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) Kenneth K. Magee		DATE SIGNED (Mo., Day, Yr.) 21b 3-10-83	HOUR OF DEATH 21c 7:10 P M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a MAR 11 1983		REGISTRAR 22b (Signature) Claudia Francis	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) Respiratory arrest		Interval between onset and death immediate	
(b) Recurrent Cerebrovascular Occidents		Interval between onset and death 3 wks, 1 day	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
4 Fractured hip		AUTOPSY (Specify Yes or No) 24 No	
ACCIDENT (Specify Yes or No) 5 No		DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c
INJURY AT WORK (Specify Yes or No) 6 No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	DESCRIBE HOW INJURY OCCURRED 26d
LOCATION 26e		STREET OR R.F.D. NO 26g	CITY OR TOWN STATE
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 Claudia Francis, Deputy Registrar
Date MAR 11 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 15th day of March A.D., 1983 at 1:21 o'clock P M and duly recorded in Vol. 1783, of Deeds on page 3980

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK
by Susan M. Nelson Deputy