regon
STATE HEALTH DIVISION
t of Human Resources

MC 1396

# 21563 CERTIFICATE OF DEATH

Vol. M83 Page 4216

82-009649

219
Local File Number

Vital Records Unit

State File Number

**DECEASED—NAME** First: Lorene Middle: Cathryn Last: Coontz

1 **DATE OF DEATH** (month, day, year): June 11, 1982

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

**SEX**: 4 Female

**AGE**—Last birthday (years): 5a 63

Under 1 year: mos. 5b; days. Under 1 day: hours. 5c; min.

2 **DATE OF BIRTH** (month, day, year): January 18, 1919

**CITY, TOWN OR LOCATION OF DEATH**: 7a Klamath Falls

**HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number): 7b 5743 Schiesel St.

IF HOSP. OR INST., indicate DOA, OP, Emer., Inp., Inpatient (Specify): 7c None

6 **COUNTY OF DEATH**: 7d Klamath

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

**CITIZEN OF WHAT COUNTRY**: 9 U.S.A.

**MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (specify): 10 Married

**SPOUSE** (IF MARRIED, WIDOWED): 11 Clyde R. Coontz

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

**SOCIAL SECURITY NUMBER**: 13 540-46-6937

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

**KIND OF BUSINESS OR INDUSTRY**: 14b Nursing Home

**RESIDENCE—STATE**: 15a Oregon

**COUNTY**: 15b Klamath

**CITY, TOWN, OR LOCATION**: 15c Klamath Falls

**STREET AND NUMBER OR R.F.D., ZIP**: 15d 5743 Schiesel St. 97601

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

**FATHER—NAME** first: 16 James middle: Bell last:

**MOTHER—Maiden Name** first: 17 Virginia middle: Persley last:

**INFORMANT**—NAME and relationship to deceased: 18 Clyde R. Coontz - Husband

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

**CEMETERY OR CREMATORY**—NAME: 19b Springfield Memorial Cemetery

**LOCATION** city or town, state: 19c Springfield, Oregon

**FUNERAL SERVICE LICENSEE** Or Person Acting As Such [Signature]: 20a

**NAME AND ADDRESS OF FACILITY**: 20b O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 97601

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]: F. Geoffrey Marx M.D.

NAME AND ADDRESS OF CERTIFIER (Type or Print): Dr. F. Geoffrey Marx 2614 Clover Street Klamath Falls, Oregon 97601

**DATE SIGNED** (Mo., Day, Yr.): 21b 6/14/82

**HOUR OF DEATH**: 21c 11:22 A. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

**DATE RECEIVED BY REGISTRAR** (Mo., Day, Yr.): 22a JUN 16 1982

**REGISTRAR**: 22b [Signature] Claudia Francis

23 **IMMEDIATE CAUSE**

**PART I** [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Myelofibrosis — Interval between onset and death: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Polycythemia Rubra Vera — Interval between onset and death: 15 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(c)

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

| ACCIDENT (Specify Yes or No) | DATE OF INJURY (Mo., Day, Yr.) | HOUR OF INJURY | DESCRIBE HOW INJURY OCCURRED | AUTOPSY (Specify Yes or No) | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) |
|---|---|---|---|---|---|
| 26a No | 26b | 26c M | 26d | 24 No | 25 Yes |
| **INJURY AT WORK** (Specify Yes or No) 26e No | **PLACE OF INJURY**—At home, farm, street, factory, office building, etc. (Specify) 26f | | | | |

**RESERVED FOR REGISTRAR'S USE**

**LOCATION** 26g — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

HS-2 (Rev. 1-80)

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED November 2 1982

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

After recording return to:
Clyde R. Coontz
5743 Schiesel

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 18th day of March A.D., 19 83 at 11:26 o'clock A M, and duly recorded in Vol M83, of Deeds on page. 4216

Fee $4.00

EVELYN BIEHN COUNTY CLERK

by Kenetha A. Leitch Deputy