of Oregon
ON STATE HEALTH DIVISION 21688
tment of Human Resources

CERTIFICATE OF DEATH

Vol. M83 Page 4405

Vital Records Unit

69

Local File Number

DECEASED—NAME: 1 First: ADELINE Middle: SYBIL Last: WARNER

State File Number

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

SEX: 4 Female

AGE—Last Birthday (years): 5a 84

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

DATE OF DEATH (month, day, year): 2 February 24, 1983

DATE OF BIRTH (month, day, year): 6 December 13, 1898

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 Cent.

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

COUNTY OF DEATH: 7d Klamath

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

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

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

SPOUSE (IF MARRIED, WIDOWED): 11 Harvey

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

SOCIAL SECURITY NUMBER: 13 554 - 09 - 2379

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

KIND OF BUSINESS OR INDUSTRY: 14b Public School District

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 210 McKinley 97601

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

FATHER—NAME first middle last: 16 Charles Kaneen

MOTHER—Maiden Name first middle last: 17 Mary Elizabeth Wall

INFORMANT—NAME and relationship to deceased: 18 Clara B. Warner / Dau-In-Law

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

CEMETERY OR CREMATORY—NAME: 19b Eternal Hills Memorial Gardens

LOCATION city or town state: 19c Klamath Falls, Oregon

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

NAME AND ADDRESS OF FACILITY: 20b WARD'S - 1945 Main - Klamath Falls, Oregon - 9760

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]:

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Raymond Tice, MD / 905 Main, Suite 309 - Klamath Falls, Oregon - 97601

DATE SIGNED (Mo., Day, Yr.): 21b Feb. 25, 1983

HOUR OF DEATH: 21c 10:23 A M

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a FEB 28 1983

REGISTRAR: 22b [Signature] Claudia Francis

CAUSE OF DEATH

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

(a) Massive brain hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(b) Generalized arterial sclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(c)

Interval between onset and death: 12 hrs

Interval between onset and death: years

Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Post Colpo resection for Ca cervix

ACCIDENT (Specify Yes or No): 25a No

DATE OF INJURY (Mo., Day, Yr.): 25b

HOUR OF INJURY: 25c

DESCRIBE HOW INJURY occurred: 26d

AUTOPSY (Specify Yes or No): 24 No

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

INJURY AT WORK (Specify Yes or No): 26a

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f

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

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date MAR 2 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 23rd day of March A.D., 19 83 at 1:23 o'clock P M and duly recorded in Vol. M83, of Deeds on page 4405

FEE $4.00

EVELYN BIEHN COUNTY CLERK

by Dorothea A Kelch Deputy