

CERTIFICATE OF DEATH

Vol. 483 Page 4604

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
DUPLICATIONS
SEE
HDBOOK

21825

94

Vital Records Unit

Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
1	CRES REED	2 March 19, 1983	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)
3 White	4 Male	5a 82	5b Under 1 year
CITY, TOWN OR LOCATION OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath Falls	7b West Medical Center		6 April 19, 1900
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		COUNTY OF DEATH	
7c Inpatient		7d Klamath	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
8 Iowa	9 U.S.A.		10 Married
SOCIAL SECURITY NUMBER		SPOUSE (IF MARRIED, WIDOWED)	
13 549 - 07 - 2288		11 Olive Reed	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
14a Salesman - Retired		14b Retail Sales	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a Oregon	15b Klamath		15c Klamath Falls
FATHER—NAME		MOTHER—Maiden Name	
16 Art Reed	17		18 Olive Reed / Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME	
19a Burial	19b Klamath Memorial Park		19c Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY	
20a		20b WARD'S - 1945 Main - Klamath Falls, Oregon 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)	
21a (Signature) Kenneth K. Magee		21b 3-28-83	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH	
21d Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon		21c 4:45 P M	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
22a MAR 28 1983		22b (Signature) Claudia Funnis	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Cardiac arrest		minutes	
(b) Congestive Heart Failure - advanced		Interval between onset and death	
(c) Arteriosclerotic Heart Disease		One Day	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
24		You	
AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
24 No		25 No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	
26a No		26b	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
26c		26d	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		M	
26e		26f	
LOCATION		STREET OR R.F.D. NO	
26g		26h	
CITY OR TOWN		STATE	
26i		26j	
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 Funnis, Deputy Registrar

Date MAR 29 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 29th day of March A.D., 1983 at 1:19 o'clock P M and duly recorded in Vol M83, of Deeds on page 4604

FEE \$4.00

EVELYN BIEHN COUNTY CLERK

by Deputy