STATE HEALTH DIVISION 22533
Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 5826

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

107

Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First: EDD; Middle: STEWART; Last: HAWKINS

2 DATE OF DEATH (month, day, year): April 9, 1983

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

4 SEX: Male

5a AGE—Last birthday (years): 79

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): August 6, 1903

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

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

7d COUNTY OF DEATH: Klamath

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

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Minnie M. Hawkins

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

13 SOCIAL SECURITY NUMBER: 543-10-1585

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

14b KIND OF BUSINESS OR INDUSTRY: Self Employed

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2009 Garden Street 97601

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

16 FATHER—NAME first middle last: Ned – Hawkins

17 MOTHER Maiden Name first middle last: Lucy Mendora Self

18 INFORMANT—NAME and relationship to deceased: Sharon H. Bauck, daughter

DISPOSITION

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

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

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William J. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFIER

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]: [illegible]

21b DATE SIGNED (Mo., Day, Yr.): 4/11/83

21c HOUR OF DEATH: 10:19 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Lawrence J. Luppi, MD, 903 Main Street, Suite 401, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 11 1983

22b REGISTRAR [Signature]: [illegible]

CAUSE OF DEATH

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

PART I (a) Cerebrovascular Accident — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 30 min

(b) Stroke — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 30 min

(c) Hypertensive Arteriosclerotic — Interval between onset and death: 30 min

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 No

INJURY AT WORK [Specify Yes or No]	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	LOCATION STREET OR R.F.D. NO	CITY OR TOWN	STATE
26e No	26f	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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date APR 11 1983

VOID IF ALTERED

(SEAL)

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 18 day of April A.D., 19 83 at 10:06 o'clock A M and duly recorded in Vol M83, of Deeds on page 5826

FEE $4.00

EVELYN BIEHN COUNTY CLERK

by [signature] Deputy