

CERTIFICATE OF DEATH

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TYPE  
OF DEATH  
IN  
CERTIFICATE  
BLACK  
INK  
FOR  
FUNCTIONS  
SEE  
HANDBOOK

PRECEDENT  
IF DEATH  
OCCURRED IN  
STATION  
HANDBOOK  
EDITION  
PLETION OF  
SINCE ITEM

POSITION

OTHER

2

ADDITIONS

ANY

HOW GAVE

RISE TO

IMMEDIATE

CAUSE

ATTENDING

THE

DECEASED

LAST

21

USE OF

EARTH

4.

5.

6.

134		Vital Records Unit		State File Number	
DECEASED—NAME		First		Last	
1 AUDREY		JANICE		HARRIGAN	
2 DATE OF DEATH (month, day, year)		May 1, 1983			
3 RACE (White, Black, American Indian, etc. (specify))		4 SEX		5 AGE—Last birthday (years)	
White		Female		48	
6 CITY, TOWN OR LOCATION OF DEATH		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		7b IF HOSP. OR INST. Indicate DOA: OP, Emer., Rm., Inpatient (Specify)	
Klamath Falls		West Medical Center		Inpatient	
8 STATE OF BIRTH (If not in U.S.A., name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
Oregon		U.S.A.		Married	
11 SOCIAL SECURITY NUMBER		12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		13 KIND OF BUSINESS OR INDUSTRY	
542 - 36 - 7546		Self Employed		Tax Preparer	
14a RESIDENCE—STATE		14b COUNTY		14c CITY, TOWN, OR LOCATION	
Oregon		Klamath		Klamath Falls	
15a FATHER—NAME		15b MOTHER—Maiden Name		15c STREET AND NUMBER OR R.F.D., ZIP	
John J. Pex		Loretta Layman		2169 Homedale Road	
16		17		18 INFORMANT—NAME and relationship to deceased	
				Neal J. Harrigan / Husband	
19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify)		19b CEMETERY OR CREMATORY—NAME		19c LOCATION city or town state	
Burial		Eternal Hills Memorial Gardens		Klamath Falls, Oregon	
20a FURNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		20b NAME AND ADDRESS OF FACILITY			
Gerald R. Hartman		WARD'S - 1945 Main - Klamath Falls, Oregon - 9761			
21a (Signature)		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH	
Gerald R. Hartman		5/3/83		3:36 P.M.	
21d NAME AND ADDRESS OF CERTIFIER (Type or Print)		21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
Gerald Hartman, MD / 2604 Clover / Klamath Falls, Oregon / 97601					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22b REGISTRAR			
MAY 4 1983		Blain Francis			
23 IMMEDIATE CAUSE		24 ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			
PART I (a) Cerebral edema		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Cerebral aneurysm		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
No		No		No	
25a ACCIDENT (Specify Yes or No)		25b DATE OF INJURY (Mo., Day, Yr.)		25c HOUR OF INJURY	
No					
25d INJURY AT WORK (Specify Yes or No)		25e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25f LOCATION	
No					
25g STREET OR R.F.D. NO.		25h CITY OR TOWN		25i STATE	
RESERVED FOR REGISTRAR'S USE					

HS-2 (Rev. 1/80)

STATE OF OREGON  
County of Klamath

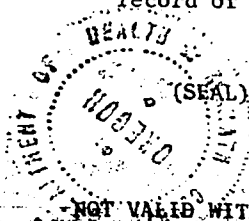
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Blain Francis, Deputy Registrar

Date MAY 10 1983

VOID IF ALTERED



NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES.

Return to after recording: D. L. Hoots 2261 So. 6th St. Klamath Falls, OR 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss

I hereby certify that the within instrument was received and filed for record on the 19th day of May A.D., 1983 at 2:10 o'clock P M and duly recorded in Vol. M83 of deeds on page 7827

FEE \$4.00

EVELYN BIEHN COUNTY CLERK  
by Blain Francis Deputy