

Vital Records Unit

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
TRANSCRIPTION  
SIZE  
JOBBOOK

EDENT

DEATH  
OCCURRED IN  
HOSPITAL  
LABORATORY  
OR OTHER  
FACILITY  
PLETION OF  
VITAL RECORDS

ANY

POSITION

3

RTIFIER

CONDITIONS  
IF ANY  
HIGH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
AFFECTING THE  
UNDERLYING  
CAUSE LAST

USE OF  
DEATH

420

425

430

435

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445

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495

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510

DECEASED—NAME		First		Middle		Last		State File Number	
1		Frances		C.		Dickert		2	
RACE—White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
3		4		5a		5b		5c	
White		Female		64					
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify)		COUNTY OF DEATH		DATE OF BIRTH (month, day, year)	
7a		7b		7c		7d		6	
Klamath Falls		Merle West Medical Cen.		Inpatient		Klamath		June 28, 1918	
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8		9		10		11		12	
New York		U.S.A.		Married		Robert E. Dickert		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13		14a		14b					
122-07-4154		Clerk		Connecticut General Life Ins. Co.					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		INSIDE CITY LIMITS (specify yes or no)	
15a		15b		15c		15d		15e	
Oregon		Klamath		Klamath Falls		11800 Tingley Lane Sp.5		No	
FATHER—NAME		MOTHER—Maiden Name		INFORMANT—NAME and relationship to deceased					
16		17		18					
Willard Corstange		Genevieve Berquist		Robert E. Dickert - husband					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE	
19a		19b		19c					
Cremation		Klamath Cremation Service		Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY							
20a		20b							
Mervin Reid		O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore.							
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.)		HOUR OF DEATH					
21a (Signature)		21b		21c					
NAME AND ADDRESS OF CERTIFIER (Type or Print)									
21d									
Dr. Lawrence J. Luppi									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR							
22a		22b (Signature)							
MAY 18 1983		Christine							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									
PART I									
(a)									
DUE TO, OR AS A CONSEQUENCE OF:									
Cerebrovascular accident									
(b)									
DUE TO, OR AS A CONSEQUENCE OF:									
Stroke									
(c)									
DUE TO, OR AS A CONSEQUENCE OF:									
Cerebrovascular accident									
PART II									
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)									
Terminal Cancer of Colon									
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
25a		25b		25c		25d			
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	
26a		26b		26c		26d		26e	
No									
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 Christine, Deputy Registrar

Date MAY 19 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 20th day of May A.D., 1983 at 11:15 o'clock AM and duly recorded in Vol M83, of deeds on page 7904

EVELYN BIEHN, COUNTY CLERK

by Dee Swice Deputy

FEE \$ 4.00

Ret Robert E. Dickert  
11800 Tingley Lane  
City