

TYPE OR PRINT IN
 GRAMMATIC
 BLACK INK
 FOR INSTRUCTIONS SEE HANDBOOK

139 Vital Records Unit

IDENTIFY DEATH BY CLIPPING IN INSTITUTION HANDBOOK LEADING SECTION OF THESE ITEMS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (STATING THE UNDERLYING CAUSE LAST)

USE OF DEATH

Local File Number		State File Number	
DECEASED NAME First Middle Last 1 Everett M. Bell		DATE OF DEATH (month, day, year) 2 April 25, 1982	
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Male	AGE—Last birthday (years) 5a 78	DATE OF BIRTH (month, day, year) 6 April 25, 1904
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Klamath Co. Nursing Home	F HOSP OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify) 7c Inpatient	COUNTY OF DEATH 7d Klamath
STATE OF BIRTH (If not in U.S.A., name country) 8 Washington	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Pauline S. Bell
SOCIAL SECURITY NUMBER 13 542-24-7196	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Rancher	KIND OF BUSINESS OR INDUSTRY 14b Agriculture	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Bly	STREET AND NUMBER OR R.F.D., ZIP 15d P.O. Box 363 97622
FATHER—NAME first middle last 16 James Bell	MOTHER—Maiden Name first middle last 17 Bertha Parker	INFORMANT—NAME and relationship to deceased 18 Mrs. Pauline S. Bell - Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY NAME 19b Mt. Calvary Cemetery	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a David Reich		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Blake Berven		DATE SIGNED (Mo., Day, Yr.) 21b April 26, 1982	HOUR OF DEATH 21c 12:15 A. M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Dr. Blake Berven 2616 Clover Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a APR 26 1982		REGISTRAR 22b (Signature) Claudia Francis	
IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] PART I (a) Pneumonia		Interval between onset and death 3 days	
(b) Pulmonary carcinoma		Interval between onset and death Unknown	
(c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No
ACCIDENT (Specify Yes or No) 4	DATE OF INJURY (Mo., Day, Yr.) 5	HOUR OF INJURY 6	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No) 26a	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b	LOCATION 26c	STREET OR R.F.D. NO CITY OR TOWN STATE 26d
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 Francis, Deputy Registrar

Date APR 27 1982

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 31st day of May A.D., 1983 at 11:35 o'clock A M, and duly recorded in Vol M83, of deeds on page 8382

EVELYN BIEHN COUNTY CLERK

by Jill Lewis Deputy

Fee \$ 4.00

183 MAY 31 AM 11:35 400 ac