

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
TRANSACTIONS
SEE
HANDBOOK

EDENT
IF DEATH
OCCURRED IN
INSTITUTION
SEE
HANDBOOK
REGARDING
APPLICATION OF
SOME ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
FATALITY THE
DEATH LAST

USE OF
DEATH

Local File Number 139		Vital Records Unit		State File Number	
DECEASED NAME First Middle Last Everett M. Bell			DATE OF DEATH (month, day, year) 2 April 25, 1982		
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 78	DATE OF BIRTH (month, day, year) 6 April 25, 1904	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath Co. Nursing Home		COUNTY OF DEATH Klamath	
STATE OF BIRTH (If not in U.S.A., name country) Washington		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) Pauline S. Bell	
SOCIAL SECURITY NUMBER 542-24-7196		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Rancher		KIND OF BUSINESS OR INDUSTRY Agriculture	
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Bly	STREET AND NUMBER OR R.F.D., ZIP P.O. Box 363 97622	
FATHER—NAME first middle last James Bell		MOTHER—Maiden Name first middle last Bertha Parker		INFORMANT—NAME and relationship to deceased Mrs. Pauline S. Bell - Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATION NAME Mt. Calvary Cemetery		LOCATION city or town state Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) David Reid		NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore 97601			
To be Completed by CERTIFYING PHYSICIAN Only		21a (Signature) Dr. Blake Berven		DATE SIGNED (Mo., Day, Yr.) April 26, 1982	
21b (Signature) Dr. Blake Berven		21c (Signature) Dr. Blake Berven		HOUR OF DEATH 12:15 A. M.	
21d Dr. Blake Berven		2616 Clover		Klamath Falls, Oregon 97601	
21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 26 1982		REGISTRAR Claudia Francis	
23 IMMEDIATE CAUSE (a) PNEUMONIA (b) PULMONARY EMBOLISM (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		Interval between onset and death 3 days Unknown 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) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
24 ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
25a INJURY AT WORK (Specify Yes or No)		25b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25c M 25d	
25e		25f		25g	
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., 19 83 at 11:35 o'clock A M, and duly recorded in Vol M83, of deeds on page 8382

EVELYN BIEHN COUNTY CLERK

by Joe Smith Deputy

Fee \$ 4.00