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HDBOOK

193

Vital Records Unit

IDENT
DEATH
UNIFORM
IN
INSTRUMENT
HDBOOK
JARDING
LETTER OF
JUDICE ITEMS

POSITION

CERTIFIER

USE OF
DEATH

DECEASED—NAME First Middle Last GAIL KENNETH CONAWAY		State File Number	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF DEATH (month, day, year) May 25, 1983	
3 SEX Male		4 AGE—Last birthday (years) 67	
5a Under 1 year 5b Under 1 day		5c Under 1 day	
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center	
7b HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) Inpatient		7c COUNTY OF DEATH Klamath	
8 STATE OF BIRTH (If not in U.S.A., name country) Minnesota		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (If MARRIED, WIDOWED) Leona	
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes		13 SOCIAL SECURITY NUMBER 531 - 12 - 4130	
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Loader Operator / Ret.		14b KIND OF BUSINESS OR INDUSTRY Weyerhaeuser Timber Co.	
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath	
15c CITY, TOWN, OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D., ZIP Route 3 / Box 269	
15e Inside City Limits (specify yes or no) No		16 FATHER—NAME first middle last Omer R. Conaway	
17 MOTHER—Maiden Name first middle last Otilia M. Fieten		18 INFORMANT—NAME and relationship to deceased Leona Conaway / Wife	
19a BURIAL, CREMATION, REMOVAL, MAINE (specify) Cremation		19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
19c LOCATION city or town state Klamath Falls, Oregon		20a FUNDRAISING LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>	
20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601		21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) <i>[Signature]</i>	
21b NAME AND ADDRESS OF CERTIFIER (Type or Print) Alden B. Glidden, MD / 2680 "B" Uhrmann Road / Klamath Falls, Oregon		21c DATE SIGNED (Mo., Day, Yr.) 5-31-83	
21d HOUR OF DEATH 4:20 A M		21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 2 1983	
22a REGISTRAR <i>[Signature]</i>		22b IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Respiratory Arrest	
23 PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Degenerative Neurological Disorder		Interval between onset and death Acute	
(b) DUE TO, OR AS A CONSEQUENCE OF: Possible Alzheimer's Disease		Interval between onset and death Subacute	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Hx. of 4 craniotomies - 2 for abscess 2 for meningioma		Interval between onset and death Subacute	
24 ACCIDENT (Specify Yes or No) No		25 AUTOPSY (Specify Yes or No) NO	
26a INJURY AT WORK (Specify Yes or No) No		26b DATE OF INJURY (Mo., Day, Yr.) No	
26c HOUR OF INJURY No		26d DESCRIBE HOW INJURY OCCURRED No	
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		26f LOCATION No	
26g STREET OR R.F.D. NO. No		26h CITY OR TOWN No	
26i STATE No		26j RESERVED FOR REGISTRAR'S USE	

40 E Hd L KAP CO.

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 JUN 2 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 7th day of June A.D., 1983 at 3:04 o'clock P M, and duly recorded in Vol M83, of Deeds on page 8835

EVELYN BJEHN COUNTY CLERK

by *[Signature]* Deputy

Fee \$ 4.00

After recording return to
Mrs L. Conaway
Rt 3 Box 269
K. Falls, Or 97601