

25440

CERTIFICATE OF DEATH
ORS-146

State File Number

DATE OF DEATH (MONTH, DAY, YEAR)

June 6, 1983

DATE OF BIRTH (MONTH, DAY, YEAR)

April 19, 1915

COUNTY OF DEATH

Klamath

DECEASED—NAME FIRST MIDDLE LAST
ELIZABETH A. SHANNON

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)

White

SEX

Female

AGE—LAST BIRTHDAY (YEARS)

68

UNDER 1 YEAR UNDER 1 DAY

MO. DAYS HOURS MIN.

HOSP. OR INST. IN-
CARE, ETC. (SPECIFY)

Emer. Rm.

CITY, TOWN, OR LOCATION OF DEATH

Klamath Falls

HOSPITAL OR OTHER INSTITUTION—
NAME (IF NOT IN EITHER, GIVE STREET & NO.)

West Medical Center

STATE OF BIRTH
(IF NOT IN U.S.A., NAME COUNTRY)

Oregon

CITIZEN OF WHAT COUNTRY

U.S.A.

MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED
(SPECIFY)

Married

SPOUSE (IF MARRIED,
WIDOWED)

Myron E. Shannon

WAS DECEDENT EVER IN
U.S. ARMED FORCES?
(SPECIFY YES OR NO)

No

SOCIAL SECURITY NUMBER

543-05-7236

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING
MOST OF WORKING LIFE, EVEN IF RETIRED)

Stenographer

KIND OF BUSINESS OR INDUSTRY

Railroad Transportation

RESIDENCE—STATE

Oregon

COUNTY

Klamath

CITY, TOWN, OR LOCATION

Klamath Falls

STREET AND NUMBER OR R.F.D.

1242 Pacific Terrace

INSIDE CITY LIMITS
(SPECIFY YES OR NO)

Yes

FATHER—NAME FIRST MIDDLE LAST

William Anderson

MOTHER—MAIDEN NAME FIRST MIDDLE LAST

Helen M. Sleemen

INFORMANT—NAME AND RELATIONSHIP TO DECEASED

Myron E. Shannon, husband

BURIAL, CREMATION,
REMOVAL, MAUS. (SPECIFY)

Burial

CEMETERY OR CREMATORY—NAME

Klamath Memorial Park

LOCATION—CITY OR TOWN

Klamath Falls, Oregon 97601

FURNERAL SERVICE LICENSEE OR PERSON ACTING AS
SUCH—NAME

William J. Davenport

NAME AND ADDRESS OF FACILITY

Davenport's Chapel of the Good Shepherd,
6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

DEATH OCCURRED APPROX. MONTH DAY YEAR

6:45 P. June 6, 1983 7:25 P. M.

CERTIFIER—NAME

George R. Nicholson, MD

DATE SIGNED (MONTH, DAY, YEAR)

JUN 24 1983

COUNTY

Klamath

DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)

JUN 24 1983

REGISTRAR (SIGNATURE)

Marian Ackerman

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))

(a) Acute Pulmonary edema

(b) Probable ventricular fibrillation

(c) Occlusion of LAD coronary and acute myocardial infarction

OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

DATE OF INJURY (MONTH, DAY, YEAR)

INJ. AT WORK (SPECIFY YES OR NO)

PLACE OF INJURY AT HOME, FARM,
STREET, FACTORY, OFFICE BLDG., ETC.

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

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 Marian Ackerman, Deputy Registrar
Date JUN 24 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 6 day of July A.D., 1983 at 1:05 o'clock P M,
and duly recorded in Vol M83, of deeds on page 10682.

EVELYN BIEHN COUNTY CLERK

by Luc Lewis DeputyFee \$ 4.00