

TYPE
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INSTRUCTIONS
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HDSBOOK

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
MARVEL		Lee	HEARTH	July 9, 1983		
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)		DATE OF BIRTH (month, day, year)	
White		Female	76		November 4, 1906	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in city, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)		COUNTY OF DEATH
Klamath Falls		West Medical Center		Inpatient		Klamath
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Iowa		U.S.A.		Married		No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (If married, widowed)		KIND OF BUSINESS OR INDUSTRY
541-32-7023		Housewife		Carl Hearth		Homemaking
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D. NO.		ZIP
Oregon		Klamath	Klamath Falls	2518 Autumn		97601
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		Inside City Limits (specify yes or no)
Charles - Sorber		Cora - Alsever		Carl Hearth, husband		15a No
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
Burial		Eternal Hills Memorial Gardens		Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
William J. Davenport		Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194				
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) Kenneth L. Tuttle MD		7-11-83		4:53 A.M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)						
21d Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
JUL 12 1983		Gladys Francis				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
(a) Metastatic adenocarcinoma of the stomach		4 months				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b)		Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c)		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)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
		No		No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
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	STATE
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 Gladys Francis, Deputy Registrar
Date JUL 12 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 18 day of July A.D., 1983 at 9:54 o'clock A.M., and duly recorded in Vol M 83, of deeds on page 11306

EVELYN BIEHN COUNTY CLERK

Fee \$ 4.00

by Sue Lewis Deputy