

27306

CERTIFICATE OF DEATH

Vol. 183 Page 14162

Vital Records Unit

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Local File Number 250		Middle INEZ		Last KELSAY		State File Number 14162	
DECEASED—NAME BEATRICE				DATE OF DEATH (month, day, year) July 16, 1983		DATE OF BIRTH (month, day, year) July 4, 1983	
RACE White		SEX Female		AGE—Last birthday (years) 73		COUNTY OF DEATH Klamath	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls				HOSPITAL OR OTHER INSTITUTION—NAME West Medical Center		IF HOSP. OR INST. Indicate DOA OP: Emer., Am., Inpatient (Specify) Inpatient	
STATE OF BIRTH (if not in U.S., name country) Oregon		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		SPOUSE (IF MARRIED, WIDOWED) Fredrick Kelsay	
SOCIAL SECURITY NUMBER 543-50-3584		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife		KIND OF BUSINESS OR INDUSTRY Homemaking		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
RESIDENCE—STATE Oregon		COUNTY Klamath		CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 615 Upham 97601	
FATHER—NAME James Patton		MOTHER—Maiden Name Ida Mauney		INFORMANT—NAME and relationship to deceased Fredrick Kelsay - Husband		Inside City Limits (specify yes or no) Yes	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Mausoleum		CEMETERY OR CREMATORY—NAME Eternal Hills Mem. Gardens		NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Oregon		HOUR OF DEATH 10:50 A.M.	
FURNAL SERVICE LICENSEE Or Person Acting As Such Jim Lancaster		DATE SIGNED (Mo., Day, Yr.) 7/18/83		NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, MD 2616 Clover Klamath Falls, Oregon		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 19 1983		REGISTRAR Handwritten Signature		Interval between onset and death 5 MIN		Interval between onset and death 10 YRS	
IMMEDIATE CAUSE Acute myocardial infarction		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		Interval between onset and death		Interval between onset and death	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: ASHD		PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		PART I (c) DUE TO, OR AS A CONSEQUENCE OF:		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
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			
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g		STREET OR R.F.D. NO. CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE							

Return
Fredrick Kelsay
615 Upham
KFO 97601

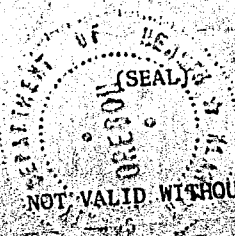
HS-2 (Rev. 1/80)

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 Handwritten Signature, Deputy Registrar
Date JUL 21 1983
VOID IF ALTERED



STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 23 day of August A.D., 1983 at 245 o'clock P M, and duly recorded in Vol. M83, of DEEDS on page 14162.

EVELYN BIEHN COUNTY CLERK
by Handwritten Signature Deputy

Fee \$ 4.00