f Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

27306 CERTIFICATE OF DEATH

Vol M83 Page 14162

Vital Records Unit

State File Number

Local File Number 250

DECEASED—NAME 1 First BEATRICE Middle INEZ Last KELSAY

2 DATE OF DEATH (month, day, year) July 16, 1983

3 RACE White, Black, American Indian, etc. (specify) White

4 SEX Female

5a AGE—Last birthday (years) 73

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year) July 4, 1983

7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify] Inpatient

7d COUNTY OF DEATH Klamath

8 STATE OF BIRTH (If not in U.S.A., name country) Oregon

9 CITIZEN OF WHAT COUNTRY U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married

11 SPOUSE (IF MARRIED, WIDOWED) Fredrick Kelsay

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] No

13 SOCIAL SECURITY NUMBER 543-50-3584

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife

14b KIND OF BUSINESS OR INDUSTRY Homemaking

14c RESIDENCE—STREET AND NUMBER OR R.F.D., ZIP 97601

15a COUNTY 15b Klamath

15c CITY, TOWN, OR LOCATION Klamath Falls

15d STREET AND NUMBER 615 Upham

15e Inside City Limits (specify yes or no) Yes

16 FATHER—NAME first middle last James Patton

17 MOTHER—Maiden Name first middle last Ida Mauney

18 INFORMANT—NAME and relationship to deceased Fredrick Kelsay - Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Mausoleum

19b CEMETERY OR CREMATORY—NAME Eternal Hills Mem. Gardens

19c LOCATION city or town state Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] Jim Lancaster

20b NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Oregon

21a To be Completed by CERTIFYING PHYSICIAN Only — To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature] Blake Berven

21b DATE SIGNED [Mo., Day, Yr.] 7/18/83

21c HOUR OF DEATH 10:50 A.M

21d 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]

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] JUL 19 1983

22a REGISTRAR

22b [Signature] Blake Berven

PART I [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE (a) Acute myocardial infarction — Interval between onset and death: 5 min

DUE TO, OR AS A CONSEQUENCE OF: (b) AS HD — Interval between onset and death: 10 yrs

DUE TO, OR AS A CONSEQUENCE OF: (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)

24 AUTOPSY [Specify Yes or No] No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] No

26a ACCIDENT [Specify Yes or No] No

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY occurred

26e INJURY AT WORK [Specify Yes or No]

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

Return
Fredrick Kelsay
615 Upham
KFO 97601

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 _____, Deputy Registrar

Date JUL 21 1983

VOID IF ALTERED

(SEAL)

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 23 day of August A.D., 1983 at 2:45 o'clock P M, and duly recorded in Vol M83, of DEEDS on page 14162.

EVELYN BIEHN COUNTY CLERK

by _____ Deputy

Fee $ 4.00