...al Oregon
...ION STATE HEALTH DIVISION
...rtment of Human Resources 28483

CERTIFICATE OF DEATH

Vol. M83 Page 16110

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number 319

State File Number

DECEDENT

DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF THESE ITEMS

1 DECEASED—NAME: First MERYL Middle MAREE Last CALDER

2 DATE OF DEATH (month, day, year): September 4, 1983

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

4 SEX: Female

5a AGE—Last birthday (years): 75

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): July 30, 1908

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 2501 Vine St.

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

7d COUNTY OF DEATH: Klamath

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): John K. Calder

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

13 SOCIAL SECURITY NUMBER: 443-10-8275

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Telephone Operator-Retired

14b KIND OF BUSINESS OR INDUSTRY: Pacific Northwest Bell

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2501 Vine St. 97601

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

16 FATHER—NAME first middle last: Archibald Wilkins

17 MOTHER—Maiden Name first middle last: Adaline Kelso

18 INFORMANT—NAME and relationship to deceased: Margaret Matteson - Daughter / Step

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

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]: Tim Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Oregon

CERTIFIER

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.

21a [Signature]:

21b DATE SIGNED [Mo., Day, Yr.]: 9-7-83

21c HOUR OF DEATH: about 12:10 A.M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Steven K. Bidleman, MD 2680 Uhrman Rd. Klamath Falls, Ore.

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 13 1983

22b REGISTRAR [Signature]:

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I

(a) Cardiac Arrest — Interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF:

(b) Bradycardia - Tachycardia Syndrome — Interval between onset and death: at least 3 years

DUE TO, OR AS A CONSEQUENCE OF:

(c) Ischemic Heart Disease — Interval between onset and death: at least 10 years

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]: Yes

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

21-2 (11/81)

Rt 1 Box 91 Cty
Margaret Matteson

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Deputy Registrar

Date SEP 13 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 19th day of Sept. A.D., 1983 at 11:42 o'clock A M, and duly recorded in Vol M 83, of Deeds on page 16110.

EVELYN BIEHN, COUNTY CLERK

Fee $ 4.00

by deputy