

29981

CERTIFICATE OF DEATH

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Vital Records Unit

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DECEASED—NAME First Middle Last ERMA ELLENDER AVENT		State File Number	
1 White RACE (specify) 2 October 23, 1983 DATE OF DEATH (month, day, year)		3 August 7, 1896 DATE OF BIRTH (month, day, year)	
4 Female SEX	5a 87 AGE—Last birthday (years)	5b Under 1 year most days	5c Under 1 day hours min
6 Klamath Falls CITY, TOWN OR LOCATION OF DEATH		7 Highland Care Cent. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	
8 Idaho STATE OF BIRTH (If not in U.S., name country)		9 U.S.A. CITIZEN OF WHAT COUNTRY	
10 Widowed MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 Ross E. SPOUSE (IF MARRIED, WIDOWED)	
12 No WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		13 557 - 10 - 2024 SOCIAL SECURITY NUMBER	
14a Homemaker USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14b At Home KIND OF BUSINESS OR INDUSTRY	
15a Oregon RESIDENCE—STATE	15b Klamath COUNTY	15c 320 N. 5th Street STREET AND NUMBER OR R.F.D., ZIP 97601	
16 Augustus W. Stone FATHER—NAME first middle last		17 Grace Riddle MOTHER—Maiden Name first middle last	
18 Burial BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19 Klamath Memorial Park CEMETERY OR CREMATORY—NAME	
20a James H. Ward FURNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		20b WARD'S - 1945 Main - Klamath Falls, Oregon - 97601 NAME AND ADDRESS OF FACILITY	
21a Jon G. McKellar, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601 NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b 10/24/83 DATE SIGNED (Mo., Day, Yr.)	
21c 5:13 PM HOUR OF DEATH		21d Jon G. McKellar, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a OCT 25 1983 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22b Marian Ackerman REGISTRAR	
23 metastatic cancer IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
24 No ACCIDENT (Specify Yes or No)		25 No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
26a No INJURY AT WORK (Specify Yes or No)		26b No DATE OF INJURY (Mo., Day, Yr.)	
26c No HOUR OF INJURY		26d No DESCRIBE HOW INJURY OCCURRED	
26e No PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26f No LOCATION	
26g No STREET OR R.F.D. NO.		26h No CITY OR TOWN	
26i No STATE		26j No RESERVED FOR REGISTRAR'S USE	

Margie Smith
164 SAN CARLOS
PASO ROBLES CA. 93446

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

Marian Ackerman, Deputy Registrar

VOID IF ALTERED

OCT 27 1983

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 27th day of October A.D., 19 83 at 3:46 o'clock P.M., and duly recorded in Vol. 183, of Deeds on page 18599.

EVELYN BIEHN, COUNTY CLERK

by *Pam Smith* deputy

Fee \$4.00