State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

30660

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 19709
State File Number

405
Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. Deceased—Name (First, Middle, Last): SERILDA R. FETTERS
2. Date of Death (month, day, year): November 8, 1983
3. Race (White, Black, American Indian, etc.) (specify): White
4. Sex: Female
5a. Age—Last birthday (years): 72
5b. Under 1 year (mos, days):
5c. Under 1 day (hours, min):
6. Date of Birth (month, day, year): January 24, 1911
7a. City, Town or Location of Death: Klamath Falls
7b. Hospital or Other Institution—Name (If not in either, give street and number): Merle West Medical Cen.
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): Iowa
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (specify): Married
11. Spouse (If married, widowed): Claude F.Fetters
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No): No
13. Social Security Number: 552-10-4120
14a. Usual Occupation (give kind of work done during most of working life, even if retired): Homemaker
14b. Kind of Business or Industry: Own Home
15a. Residence—State: Oregon
15b. County: Klamath
15c. City, Town, or Location: Klamath Falls
15d. Street and Number or R.F.D., Zip 97601: 2530 Wantland Street
15e. Inside City Limits (specify yes or no): Yes
16. Father—Name (first, middle, last): John W. Glenn
17. Mother—Maiden Name (first, middle, last): Garnet - Roe
18. Informant—Name and relationship to deceased: Claude F. Fetters - husband

DISPOSITION

19a. Burial, Cremation, Removal, Maus. (specify): Burial
19b. Cemetery or Crematory—Name: Klamath Memorial Park
19c. Location (city or town, state): Klamath Falls,Oregon
20a. Funeral Service Licensee Or Person Acting As Such (Signature): [signature]
20b. Name and Address of Facility: O'Hair's Funeral Chapel, 515 Pine St.,Klamath Falls,Ore.976

CERTIFIER

To be Completed by Certifying Physician Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature] MD
21b. Date Signed (Mo. Day, Yr.): 11/9/83
21c. Hour of Death: 4:45 A.M
21d. Name and Address of Certifier (Type or Print): Dr. Dave Seeley Medical - Dental Building, Klamath Falls,Oregon 97601
21e. Name of Attending Physician If Other Than Certifier (Type or Print):
22a. Date Received by Registrar (Mo. Day, Yr.): NOV 10 1983
22b. Registrar (Signature): [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).)

	Cause	Interval between onset and death
Part I (a)	Cardiac Arrest	18 hrs.
Due to, or as a consequence of: (b)	Coronary Heart Disease	Unknown
Due to, or as a consequence of: (c)		

Part II. Other Significant Conditions—Conditions contributing to death but not related to cause given in Part I (a): Essential Hypertension
24. Autopsy (Specify Yes or No): No
25. Was Medical Examiner Notified (Specify Yes or No): No
26a. Accident (Specify Yes or No):
26b. Date of Injury (Mo. Day, Yr.):
26c. Hour of Injury: M
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)

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

(SEAL)

By [signature] Deputy Registrar
Date NOV 10 1983
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

Cash 4.00

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 16th day of November A.D., 19 83 at 1:51 o'clock P M, and duly recorded in Vol M83, of Deeds on page 19709.

EVELYN BIEHN, COUNTY CLERK

Fee $ 4.00 by [signature] deputy

83 NOV 16 PM 1 51