

32634

CERTIFICATE OF DEATH

Vol. 184 Page 945

TYPE
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BLACK
INK
FOR
INSTRUCTIONS
SEE
HDSBOOK

200

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME First Middle Last RITA ALZORA HUBBARD			DATE OF DEATH (month, day, year) 2 May 29, 1983		
RACE White, Black, American Indian, etc. (specify) 3 White			SEX 4 Female		
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center		
STATE OF BIRTH (if not in U.S.A., name country) 8 Oklahoma			CITIZEN OF WHAT COUNTRY 9 U.S.A.		
SOCIAL SECURITY NUMBER 13 457-10-9385			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		
RESIDENCE—STATE 15a Oregon			SPOUSE (IF MARRIED, WIDOWED) 11 Marion Hubbard		
COUNTY 15b Klamath			KIND OF BUSINESS OR INDUSTRY 14b Homemaking		
CITY, TOWN, OR LOCATION 15c Klamath Falls			STREET AND NUMBER OR R.F.D., ZIP 15d 2340 Darrow 97601		
FATHER NAME 16 Tom Phillips			MOTHER Name 17 Mabel Glenn		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial			CEMETERY OR CREMATORY—NAME 19b Eternal Hills Mem. Gardens		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a Jim Lancaster			NAME AND ADDRESS OF FACILITY 20b WARD'S - 1945 Main St. - Klamath Falls, Oregon		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Robert Payne MD			DATE SIGNED (Mo., Day, Yr.) 21b June 2, 1983		
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Robert Payne, MD			HOUR OF DEATH 21c 2:15 P.M.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e 905 Main St./Suite 204 Klamath Falls, Ore.					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JUN 3 1983			REGISTRAR 22b (Signature) Claudia Francis		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c])					
(a) DUE TO, OR AS A CONSEQUENCE OF: Inanition					Interval between onset and death 1220
(b) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of right Lung					Interval between onset and death 14K
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Chronic obstructive pulmonary disease					
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c	
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		DESCRIBE HOW INJURY OCCURRED 24 No	
		LOCATION 26g		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	
RESERVED FOR REGISTRAR'S USE					

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 Claudia Francis, Deputy Registrar

Date JUN 3 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 17th day of January A.D., 1984 at 1:20 o'clock P.M. and duly recorded in Vol. 184, of Deeds on page 945.

Fee \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by Lam. Smith Deputy