

TYPE
OR PRINT
IN
REMANENT
BLACK
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FOR
INSTRUCTIONS
SEE
AND BOOK

Vital Records Unit

EDENT

DEATH
CURIED IN
TUTION,
HANDBOOK
GARDING
LECTION OF
SICE ITEMS

POSITION

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DECEASED—NAME First Middle Last ELLI (NMI) SOUTH		State File Number	
DATE OF DEATH (month, day, year) 2 January 24, 1984		DATE OF BIRTH (month, day, year) 6 March 20, 1902	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male	AGE (and birthday (year)) 5a 81
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Mtn View Care Center	IF HOSP OR INST Indicate DOA, OP, Emer, Rm, Inpatient (Specify) 7c Inpatient
STATE OF BIRTH (If not in U.S.A., name country) 8 North Carolina		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married
SOCIAL SECURITY NUMBER 13 543-01-4790		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Fireman, retired	KIND OF BUSINESS OR INDUSTRY 14b Sawmills & Heating Plants
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls
FATHER—NAME first middle last 16 Britton - South		MOTHER—Maiden Name first middle last 17 Cora - Stewart	STREET AND NUMBER OR R.F.D., ZIP 15d 1527 Kane Street 97603
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b Klamath Cremation Service	INFORMANT—NAME and relationship to deceased 18 Jessie M. South, wife
FUNERAL SERVICE LICENSEE Or Person Acting As Such 20a William J. Thompson		NAME AND ADDRESS OF FACILITY 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	LOCATION city or town state 19c Klamath Falls, Oregon 97601
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Dave Seeley		DATE SIGNED (Mo., Day, Yr.) 21b 1/24/84	HOUR OF DEATH 21c 1:00 P. M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Dave Seeley, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JAN 25 1984		REGISTRAR 22b (Signature) M. Ackerman	
PART I IMMEDIATE CAUSE (a) CARDIAC arrest		Interval between onset and death IMMED.	
(b) Coronary Heart Disease		Interval between onset and death 5 yrs.	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No	
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 26d
STREET OR R.F.D. NO 26g		CITY OR TOWN 26h	STATE 26i

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 (Signature) Deputy Registrar
Date JAN 25 1984

VOID IF ALTERED

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

Jessie South - 1527 Kane, K Falls.

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 1st day of February A.D., 1984 at 1:00 o'clock P.M. and duly recorded in Vol. 184, of Deeds on page 1684.

EVELYN BIEHN, COUNTY CLERK

by (Signature) Deputy

Fee \$ 4.00