33910

58

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M84 Page 3050

CERTIFICATE OF DEATH

State File Number

DECEASED NAME — 1 First: REBECCA Middle: JANE Last: CAMPBELL

DATE OF DEATH (month, day, year): February 20, 1984

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

4 SEX: Female

5a AGE (Last birthday (years)): 78

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): November 10, 1905

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 Center

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): Missouri

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Clarence Wesley

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

13 SOCIAL SECURITY NUMBER: 543-28-5921

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: 2146 Darrow St. 97601

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

16 FATHER NAME first middle last: Ethel Bert Van Hoy Burdett

17 MOTHER first middle last (Maiden Name): Gussie Elizabeth Berry

18 INFORMANT NAME and relationship to deceased: Clarence Wesley Campbell, Husband

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]: Mike Oha

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

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]: W. Bartlett

21b DATE SIGNED [Mo. Day. Yr.]: 2/21/84

21c HOUR OF DEATH: 2:23 P.M.

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: William A. Bartlett M.D., 2860 Daggett St., Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo. Day. Yr.]: FEB 21 1984

22b REGISTRAR [Signature]: Marian E. Ackerman

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

PART I (a) Pulmonary Edema — Interval between onset and death: 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Chronic Congestive Heart Failure — Interval between onset and death: 5 months

DUE TO, OR AS A CONSEQUENCE OF:

(c) Generalized Arteriosclerotic Vascular Disease — Interval between onset and death: (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): No

26a ACCIDENT (Specify Yes or 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

VITAL STATISTICS

45-2 REV. 12-83

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 Marian E. Ackerman Deputy Registrar

Date FEB 22 1984

VOID IF ALTERED

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

Cert 4.00

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 February A.D., 1984 at 2:35 o'clock P.M. and duly recorded in Vol. M84, of Deeds on page 3050.

EVELYN BIEHN, COUNTY CLERK

by Pam Smith Deputy

Fee $ 4.00

Return: Clarence Campbell 3325 Hope St. Klamath Falls, Oregon