'84 MAR 23 AM 10 12

Vol. M84 Page 4696

of Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

34760

177
Local File Number

State File Number

DECEASED—NAME: First LURA Middle GOATLEY Last QUIGLEY

DATE OF DEATH (month, day, year): May 16, 1983

SEX: Female

AGE—Last birthday (years): 81

Under 1 year: mos. / days; Under 1 day: hours / min.

DATE OF BIRTH (month, day, year): December 26, 1901

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

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Kl.Co.Nursing Home

IF HOSP. OR INST: Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

COUNTY OF DEATH: Klamath

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

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

STATE OF BIRTH (If not in U.S.A. name country): Arkansas

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

SPOUSE (IF MARRIED, WIDOWED): James

SOCIAL SECURITY NUMBER: 431 - 34 - 4512

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife

KIND OF BUSINESS OR INDUSTRY: Homemaking

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 3205 Barry 97601

Inside City Limits (specify yes or no): No

FATHER—NAME first middle last: Arthur M. Goatley

MOTHER—Maiden Name first middle last: Hattie C. Morrow

INFORMANT—NAME and relationship to deceased: Opal Quigley / Daughter

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

LOCATION city or town state: Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Vasek

NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

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

DATE SIGNED [Mo., Day, Yr.]: 5/17/83

HOUR OF DEATH: 4:30 PM

[Signature]: Everett E. Howard

NAME AND ADDRESS OF CERTIFIER [Type or Print]: Everett E. Howard, MD / 2622 Campus Dr / Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 23 1983

REGISTRAR [Signature]: Claudia Francis

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE: CEREBROVASCULAR ACCIDENT — Interval between onset and death: Days

(a) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY [Specify Yes or No]: No

WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

ACCIDENT [Specify Yes or No]: No

DATE OF INJURY [Mo., Day, Yr.]

HOUR OF INJURY

DESCRIBE HOW INJURY occurred

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

INJURY AT WORK [Specify Yes or No]

PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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 Claudia Francis, Deputy Registrar

Date MAY 24 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 23rd. day of March A.D., 19 84 at 10:12 o'clock A M. and duly recorded in Vol M84, of Deeds on page 4696.

EVELYN BIEHN, COUNTY CLERK

by: P Ann Smith, Deputy

Fee: $4.00

Return: Opal Quigley 3205 Barry Klamath Falls, Oregon 97601