

35285

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

Vol. 184

Page 5700

16242

CERTIFICATE OF DEATH

DECEASED—NAME		First		Middle		Last		State File Number	
1 NORA		MARILLA		COLBERT		2 DATE OF DEATH (month, day, year)		April 5, 1984	
3 RACE White, Black, American Indian, etc. (Specify)		4 SEX Female		5a AGE—Last birthday (years) 82		5b Under 1 year mos. days		6 DATE OF BIRTH (month, day, year)	
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in other, give street and number) 1512 Sargent Street		7c I.D.# (If not in other, indicate (X) A of Emer., Inpatient (Specify))		7d COUNTY OF DEATH Klamath		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
9 STATE OF BIRTH (If not in U.S.A. name country) California		10 CITIZEN OF WHAT COUNTRY U.S.A.		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		12 SPOUSE (IF MARRIED, WIDOWED) W. Milo Colbert		13 SOCIAL SECURITY NUMBER 544-78-3731	
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife		14b KIND OF BUSINESS OR INDUSTRY Homemaking		15a RESIDENCE—STATE Oregon		15b COUNTY Klamath		15c CITY, TOWN, OR LOCATION Klamath Falls	
15d STREET AND NUMBER OR R.F.D., ZIP 2919 Orindale Road		15e Inside City Limits (Specify Yes or No) No		16 FATHER NAME, first middle last Louis Vernon Flood		17 MOTHER NAME, first middle last Minnie Millsap		18 INFORMANT NAME and relationship to deceased W. Milo Colbert, husband	
19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Cremation		19b CEMETERY OR CREMATORY—NAME Eternal Hills Crematory		19c LOCATION city or town state Klamath Falls, Oregon		20 FUNERAL SERVICE LICENSEE (If Person Acting As Such) Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated	
21b NAME AND ADDRESS OF CERTIFIER (Type or Print) Richard F. Kay, MD, 1905 Main Street, Klamath Falls, Oregon 97601		21c DATE SIGNED (Mo. Day, Yr.) 4-6-84		21d HOUR OF DEATH 7:30 A.M.		22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) APR 6 1984		22b REGISTRAR (Signature) M. Ackerman	
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) cardiovascular arrest (club asept)		(b) cardiovascular & cerebrovascular disease		(c)		Interval between onset and death	
24 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		25		26a ACCIDENT (Specify Yes or No) 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) 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	

ORIGINAL - VITAL STATISTICS COPY

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By (Signature) Deputy Registrar

Date APR 6 1984

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 6th day of April A.D., 1984 at 1:57 o'clock p.m. and duly recorded in Vol. 184 of Deeds on page 5700.

EVELYN BIEHN, COUNTY CLERK

Fee: \$4.00

by: (Signature) Deputy

Return: W. Milo Colbert 2919 Orindale Rd., Klamath Falls, Ore. 97601