

37763

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

AFTER RECORDING RETURN TO:  
Del Parks  
228 North 7th  
Klamath Falls, OR 97601

## CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last <b>MILDRED HARMON</b>		DATE OF DEATH (month, day, year) <b>June 2, 1984</b>	
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>	2 SEX <b>Female</b>	3 AGE—Last birthday (years) <b>72</b>	4 DATE OF BIRTH (month, day, year) <b>October 29, 1911</b>
5 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>West Medical Center</b>	7a IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) <b>Inpatient</b>	7b COUNTY OF DEATH <b>Klamath</b>
8 STATE OF BIRTH (If not in U.S.A. name country) <b>Illinois</b>	9 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Widowed</b>	11 SPOUSE (If married, widowed) <b>Floyd</b>
12 SOCIAL SECURITY NUMBER <b>544 - 58 - 9936</b>	13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	14a KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	14b
15a RESIDENCE—STATE <b>Oregon</b>	15b COUNTY <b>Klamath</b>	15c CITY, TOWN, OR LOCATION <b>Malin</b>	15d STREET AND NUMBER OR R.F.D., ZIP <b>PO Box 455 97632</b>
16 FATHER—NAME first middle last <b>Frank Hornof</b>	17 MOTHER—first middle last (Maiden Name) <b>Carrie Rader</b>	18 INFORMANT—NAME and relationship to deceased <b>Roland Harmon - Son</b>	
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify) <b>Burial</b>	19b CEMETERY OR CREMATORY—NAME <b>Malin Cemetery</b>	19c LOCATION city or town state <b>Malin, Oregon</b>	
20a FURNERAL SERVICE LICENSEE Or Person Acting As Supt. (Signature) <i>[Signature]</i>		20b NAME AND ADDRESS OF FACILITY <b>WARD'S - 1945 Main - Klamath Falls, Oregon - 97601</b>	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Kenneth K. Magee</i>		21b DATE SIGNED (Mo., Day, Yr.) <b>6-4-84</b>	21c HOUR OF DEATH <b>2:00 P.M.</b>
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon</b>		21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>JUN 6 1984</b>		22b REGISTRAR (Signature) <i>[Signature]</i>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Respiratory arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Cor pulmonale + advanced COPD</b> DUE TO, OR AS A CONSEQUENCE OF (c) Interval between onset and death <b>minutes</b> <b>years</b>			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 ACCIDENT (Specify Yes or No) <b>No</b> 25 DATE OF INJURY (Mo., Day, Yr.) 26a INJURY AT WORK (Specify Yes or No) 26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26c LOCATION 26d STREET OR R.F.D. NO 26e CITY OR TOWN 26f STATE 26g 24 AUTOPSY (Specify Yes or No) <b>No</b> 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>No</b>			
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 **JUN 7 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 15th day of June A.D., 1984 at 9:32 o'clock A M, and duly recorded in Vol M84 of Deeds on page 10017.

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, Deputy

Fee: \$ 4.00

ok  
4-60