

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

Vol. M84 Page 12354

CERTIFICATE OF DEATH

Local File Number 165 State File Number

DECEASED—NAME First MARY Middle WHITELINE Last WAGGONER

1 RACE: White, Black, American Indian, etc. (specify) White 2 DATE OF DEATH (month, day, year) May 8, 1982

3 SEX Female 4 AGE—Last birthday (years) 76 5 Under 1 year: mo. days Under 1 day: hours min. 6 DATE OF BIRTH (month, day, year) January 15, 1906

7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls 7b HOSPITAL OR OTHER INSTITUTION—NAME (if not in city, give street and number) 1912 Laurel Street 7c F. HOSP. OR INST. Indicate DOA, OP/Emar., Rm., Inpatient (Specify) Widowed 7d Klamath

8 STATE OF BIRTH (if not in U.S.A., name country) Oregon 9 CITIZEN OF WHAT COUNTRY U.S.A. 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed 11 SPOUSE (if married, widowed) William F. Waggoner 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

13 SOCIAL SECURITY NUMBER 542-38-9360 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Teacher 14b KIND OF BUSINESS OR INDUSTRY Education

15a RESIDENCE—STATE Oregon 15b COUNTY Klamath 15c CITY, TOWN, OR LOCATION Klamath Falls 15d STREET AND NUMBER OR R.F.D., ZIP 1912 Laurel Street 97601 15e Inside City Limits (specify yes or no) Yes

16a FATHER—NAME first middle last Henry Nicholas Whiteline 16b MOTHER—Maiden Name first middle last Katherine E. Wight 16c INFORMANT—NAME and relationship to deceased Margaret W. Davis, daughter

17a BURIAL, CREMATION, REMOVAL, SALVAGE (specify) Burial 17b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens 17c LOCATION—city or town—state Klamath Falls, Oregon 97601

18a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William F. Davenport 18b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

19a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Ca of ovary 19b DATE SIGNED (Mo., Day, Yr.) 5/10/82 19c HOUR OF DEATH 7:00 P.M.

20a NAME AND ADDRESS OF CERTIFIER (Type or Print) F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601 20b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 10 1982 21b REGISTRAR (Signature) Cludia Francis

22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) DUE TO, OR AS A CONSEQUENCE OF, Ca of ovary Interval between onset and death 5 yrs 2

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

(c) DUE TO, OR AS A CONSEQUENCE OF, Interval between onset and death

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

23a ACCIDENT (Specify Yes or No) No 23b DATE OF INJURY (Mo., Day, Yr.) 23c HOUR OF INJURY 23d DESCRIBE HOW INJURY OCCURRED 23e WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

24a INJURY AT WORK (Specify Yes or No) 24b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 24c LOCATION 24d STREET OR R.F.D. NO. 24e CITY OR TOWN 24f STATE

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Cludia Francis, Deputy Registrar

Date MAY 11 1982

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 July A.D., 1984 at 11:50 o'clock A M, and duly recorded in Vol. M84 of Deeds on page 12354.

Fee: \$ 4.00 Indexing: \$ 1.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: Margaret Davis 210 S. Rogers Klamath Falls, Ore. 97601