39105

Vol. M84 Page 12435

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

282

Local File Number

# CERTIFICATE OF DEATH

State File Number

| | | | | | |
|---|---|---|---|---|---|
| 1 DECEASED—NAME First: ANITA | Middle: LEE | Last: ALLRED | | 2 DATE OF DEATH (month, day, year): July 10, 1984 | |
| 3 RACE: White | 4 SEX: Female | 5a AGE—Last birthday (years): 67 | 5b Under 1 year: mos / days | 5c Under 1 day: hours / min | 6 DATE OF BIRTH (month, day, year): March 22, 1917 |
| 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: Inpatient | 7d COUNTY OF DEATH: Klamath | |
| 8 STATE OF BIRTH (If not in U.S.A. name country): New Mexico | 9 CITIZEN OF WHAT COUNTRY: U.S.A. | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | 11 SPOUSE (IF MARRIED, WIDOWED): Luther J. Allred | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No | |
| 13 SOCIAL SECURITY NUMBER: 568-52-8431 A | 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: 5520 Valley View Lane 97603 | 15e Inside City Limits (specify yes or no): No | |
| 16 FATHER—NAME first middle last: Harry Price Whiteside | 17 MOTHER—first middle last (Maiden Name): Nora Belle Holland | | 18 INFORMANT—NAME and relationship to deceased: Luther J. Allred, Husband | | |
| 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial/Removal | 19b CEMETERY OR CREMATORY—NAME: Montecito Memorial Park | | 19c LOCATION city or town state: Loma Linda California | | |
| 20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature] | 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]: [signature] — 21b DATE SIGNED [Mo., Day, Yr.]: 7/11/84 — 21c HOUR OF DEATH: 11:20 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: F. Geoffrey Marx, M.D., 2614 Clover 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.]: JUL 12 1984 — 22b REGISTRAR [Signature]: [signature]

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

PART I
(a) Metastatic Carcinoma from — Interval between onset and death: 1 yr.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Uterus to Brain — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

'84 JUL 21 AM 9 17

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 [signature], Deputy Registrar
Date JUL 12 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 24th day of July A.D., 1984 at 9:17 o'clock A M, and duly recorded in Vol M84 of Deeds on page 12435.

EVELYN BIEHN, COUNTY CLERK

Fee: $4.00 Index:$1.00

by: [signature], Deputy

Return: Luther J. Allred 5520 Valley View Ln., Klamath Falls, Ore. 97603