39123

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

Vol. M84 Page 12480

227
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME (First) RUTH	(Middle)	(Last) McCARTY		2 DATE OF DEATH (month, day, year) June 8, 1984	
3 RACE (White, Black, American Indian, etc. (specify)) White	4 SEX Female	5a AGE—Last birthday (years) 74	Under 1 year: 5b (mos / days)	Under 1 day: 5c (hours / min)	6 DATE OF BIRTH (month, day, year) July 14, 1909
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		7c IF HOSP OR INST Indicate DOA, OP, Emer, Rm, Inpatient (Specify) Inpatient		7d COUNTY OF DEATH Klamath
8 STATE OF BIRTH (If not in U.S.A., name country) Illinois	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Jack		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
13 SOCIAL SECURITY NUMBER 348-07-9530	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife		14b KIND OF BUSINESS OR INDUSTRY At Home		
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 1143 Patterson 97603		15e Inside City Limits (specify yes or no) No
16 FATHER—NAME first middle last Lloyd W. Abbott	17 MOTHER—first middle last (Maiden Name) Nellie L. Proctor		18 INFORMANT—NAME and relationship to deceased Jack McCarty - Husband		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Roselawn Cemetery		19c LOCATION city or town Springfield, Ill.		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Tim Lancaster	20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Oregon				
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)		21b DATE SIGNED (Mo. Day Yr.) 6/11/84	21c HOUR OF DEATH 11:15P.M		
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) David C. Seeley, MD 905 Main St./Suite 611 Klamath Falls, Ore.					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) JUN 11 1984	22b REGISTRAR (Signature) Katherine E. Cravinho				

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
PART I (a) Respiratory failure		Interval between onset and death Immed
DUE TO, OR AS A CONSEQUENCE OF: (b) Acute bronchopneumonia		Interval between onset and death 2wks
DUE TO, OR AS A CONSEQUENCE OF: (c) COPD - Severe		Interval between onset and death long
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) No	26b DATE OF INJURY (Mo. Day, Yr.)	26c HOUR OF INJURY M	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

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

(SEAL) DEPARTMENT OF HEALTH SERVICES KLAMATH COUNTY OREGON

By Katherine E. Cravinho, Deputy Registrar
Date JUN 13 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 11:17 o'clock A M, and duly recorded in Vol M84 of Deeds on page 12480.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 4.00 Indexing: $1.00

by: Pam Smith, Deputy

Return: Jack McCarty 1143 Patterson Klamath Falls, Oregon 97603