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| Local File Number <u>272</u> | | State File Number | |
| DECEASED—NAME First Middle Last <u>SHELIA ANN HOWARD</u> | | | |
| 1 RACE White, Black, American Indian, etc. (specify) <u>White</u> | | 2 DATE OF DEATH (month, day, year) <u>July 2, 1984</u> | |
| 3 SEX <u>Female</u> | | 4 AGE—Last birthday (years) <u>46</u> | |
| 5a Under 1 year mos days | | 5b Under 1 day hours min | |
| 6 CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u> | | 7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <u>Merle West Medical Center</u> | |
| 7b IF HOSP OR INST Indicate DOA, OP/Emer, Am, Inpatient (Specify) <u>Inpatient</u> | | 7c COUNTY OF DEATH <u>Klamath</u> | |
| 8 STATE OF BIRTH (If not in U.S., name country) <u>Oregon</u> | | 9 CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u> | | 11 SPOUSE (IF MARRIED, WIDOWED) <u>Richard Howard</u> | |
| 12 SOCIAL SECURITY NUMBER <u>544-42-9896</u> | | 13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Homemaker</u> | |
| 14a RESIDENCE—STATE <u>Oregon</u> | | 14b KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | |
| 15a COUNTY <u>Klamath</u> | | 15b CITY, TOWN, OR LOCATION <u>Bly</u> | |
| 15c STREET AND NUMBER OR R.F.D., ZIP <u>P.O. Box 573 97622</u> | | 15d INSIDE CITY LIMITS (specify yes or no) <u>Yes</u> | |
| 16 FATHER—NAME first middle last <u>Martin Cavan</u> | | 17 MOTHER—first middle last (Maiden Name) <u>Nora Duggan</u> | |
| 18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Burial</u> | | 19 CEMETERY OR CREMATORY—NAME <u>Mt. Calvary Cemetery</u> | |
| 20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <u>[Signature]</u> | | 20b NAME AND ADDRESS OF FACILITY <u>Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or</u> | |
| 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) <u>Kenneth K. Magee</u> | | 21b DATE SIGNED (Mo. Day, Yr) <u>7-2-84</u> | |
| 21c NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>Kenneth K. Magee, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601</u> | | 21d HOUR OF DEATH <u>10:50 A.</u> | |
| 22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr) <u>JUL 3 1984</u> | | 22b REGISTRAR (Signature) <u>[Signature]</u> | |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | |
| PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Cardiac Arrest</u> | | Interval between onset and death <u>minutes</u> | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: <u>Severe Idiopathic Cardiomyopathy</u> | | Interval between onset and death <u>years</u> | |
| (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) | | | |
| <u>Uremia 2° to Renal Failure</u> | | | |
| 24 ACCIDENT (Specify Yes or No) <u>No</u> | | 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <u>No</u> | |
| 26a INJURY AT WORK (Specify Yes or No) | | 26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | |
| 26c HOUR OF INJURY | | 26d DESCRIBE HOW INJURY OCCURRED | |
| 26e LOCATION | | 26f STREET OR R.F.D. NO | |
| 26g CITY OR TOWN | | 26h STATE | |

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 RegistrarDate JUL 3 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 2nd day of August A.D., 1984 at 2:40 o'clock P M, and duly recorded in Vol M84 of Deeds on page 13141.

EVELYN BIEHN, COUNTY CLERK

by: [Signature], DeputyFee: \$ 4.00 Index: \$1.00

Return: Richard Howard Box 573 Bly, Oregon 97622