

322

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 HELGA		First Middle Last I. MORRIS		DATE OF DEATH (month, day, year) 2 August 16, 1984	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Female	AGE—Last birthday (years) 5a 48		Under 1 year 5b mos days
CITY, TOWN OR LOCATION OF DEATH 7a Chiloquin		HOSPITAL OR OTHER INSTITUTION—NAME (If not in other, give street and number) 7b Chiloquin Clinic		IF HOSP. OR INST. Indicate DOA Emerg. Rm. Emerg. Rm.	
STATE OF BIRTH (If not in U.S.A. name country) 8 West Germany		CITIZEN OF WHAT COUNTRY 9 U.S.A.		DATE OF BIRTH (month, day, year) 6 January 9, 1936	
SOCIAL SECURITY NUMBER 13 025-34-7380 A		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker		SPOUSE (IF MARRIED, WIDOWED) 11 Dallas Morris	
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Chiloquin	STREET AND NUMBER OR R.F.D., ZIP 97624	
FATHER—NAME first middle last 16 Gondrass		MOTHER—first middle last (Maiden Name) 17 Ellis		INFORMANT—NAME and relationship to deceased 18 Dallas Morris, Husband	
BURIAL, CREMATION, REMOVAL—NAME (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Sunset Cemetery		LOCATION city or town state 19c Lakeview, Oregon	
FUNERAL SERVICE LICENSEE Or Performing As Such 20a John Storeh		NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) John Storeh		DATE SIGNED (Mo., Day, Yr.) 21b 8/17/84		HOUR OF DEATH 21c 7:10 P.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d John Storeh, M.D., Chiloquin Clinic, 1 Chiloquin Plaza, Chiloquin, Ore. 97624		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e Same			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a AUG 20 1984		REGISTRAR 22b (Signature) Marian Ackerman			
PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary arrest		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (b) Probable coronary artery disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (c) 		Interval between onset and death			
PART II 24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes	
ACCIDENT (Specify Yes or No) 26a 	DATE OF INJURY (Mo., Day, Yr.) 26b 	HOUR OF INJURY 26c 	DESCRIBE HOW INJURY OCCURRED 26d 		
INJURY AT WORK (Specify Yes or No) 26e 	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f 	LOCATION 26g 	STREET OR R.F.D. NO CITY OR TOWN 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 **Marian Ackerman**, Deputy RegistrarDate **AUG 21 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 August A.D., 19 84 at 10:55 o'clock A M, and duly recorded in Vol M84 of Deeds on page 14705.

EVELYN BIEHN, COUNTY CLERK

Fee: \$4.00 Index: \$1.00

by: **Pam Smith**, Deputy

Return: Dallas Morris Box 362 Chiloquin, Oregon