

41559

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last <b>Fern Louise McTAGGERT</b>		DATE OF DEATH (month, day, year) <b>2 August 25, 1984</b>	
RACE White, Black, American Indian, etc. (specify) <b>White</b>		SEX <b>Female</b>	AGE—Last birthday (years) <b>79</b>
CITY, TOWN OR LOCATION OF DEATH <b>Ashland</b>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>Ashland Community Hospital</b>	DATE OF BIRTH (month, day, year) <b>6 June 17, 1905</b>
7a STATE OF BIRTH (If not in U.S.A. name country) <b>California</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	COUNTY OF DEATH <b>Jackson</b>
8 SOCIAL SECURITY NUMBER <b>543-05-4611</b>	10 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Lab Technician</b>	11 SPOUSE (If married, widowed) <b>Charles</b>	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) <b>No</b>
13 RESIDENCE—STATE <b>Oregon</b>	14a CITY, TOWN, OR LOCATION <b>Talent</b>	14b STREET AND NUMBER OR R.F.D. NO. <b>152299 S. Pacific Hwy</b>	15 ZIP <b>97540</b>
16 FATHER—NAME first middle last <b>William A Koenig</b>	17 MOTHER—first middle last <b>Ivy R Trimmer</b>	18 INFORMANT—NAME and relationship to deceased <b>Billie Torresan - Daughter</b>	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>		19b CEMETERY OR CREMATORY—NAME <b>Klamath Falls Memorial Park</b>	
20a SIGNATURE <i>Kendy M. Litwiler</i>		20b NAME AND ADDRESS OF FACILITY <b>Litwiler-Simonsen Funeral Home 1811 Ashland St Ashland, Or</b>	
21a SIGNATURE <i>Allen Johnson, M.D.</i>		21b DATE SIGNED (Mo., Day, Yr.) <b>8/29/84</b>	21c HOUR OF DEATH <b>9:55 PM</b>
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Allen Johnson, M.D., 472 Scenic Drive, Ashland, Oregon 97520</b>			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>SEP 04 1984</b>		22b REGISTRAR <i>Joan Faltersack</i>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Acute myocardial infarction</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) ACCIDENT (Specify Yes or No) <b>No</b> DATE OF INJURY (Mo., Day, Yr.) _____ HOUR OF INJURY _____ INJURY AT WORK (Specify Yes or No) <b>No</b> PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) _____ RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON

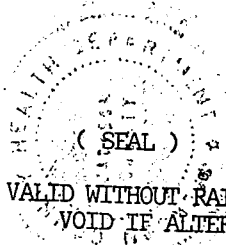
CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

45-2 REV. 12-83

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE September 4, 1984



*Joan Faltersack*  
REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY

RETURN:

MOUNTAIN TITLE CO., INC.

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 24 day of September A.D., 19 84 at 4:17 o'clock P M, and duly recorded in Vol M84 of Deeds on page 16570.

EVELYN BIEHN, COUNTY CLERK

by: *Tom Smith*, Deputy

Fee: \$ 4.00 Index: \$1.00

Return: MTC