41890 MTC #14164-K

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

CERTIFICATE OF DEATH
ORS – 146

253 Local File Number

Vol. M84 Page 17157 State File Number

7

1 DECEASED—NAME (FIRST / MIDDLE / LAST)	STELLA – SPENCER				DATE OF DEATH (MONTH, DAY, YEAR): July 8, 1982
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	Mexican	4 SEX: Female	5A AGE—LAST BIRTHDAY (YEARS): 58	5B UNDER 1 YEAR: MOS. / DAYS	5C UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): April 27, 1924
7A CITY, TOWN, OR LOCATION OF DEATH	At Home- 9 mi. east of	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)	Chiloquin – Sprague River Hwy.	IF HOSP. OR INST., INDICATE DOA, OPIEMER, INPATIENT (SPECIFY)	7C COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	California	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	11 SPOUSE (IF MARRIED, WIDOWED)	James Spencer	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	No
13 SOCIAL SECURITY NUMBER	557-34-4896	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Housewife	14B KIND OF BUSINESS OR INDUSTRY	Homemaking				
15A RESIDENCE—STATE	California	15B COUNTY	Los Angeles	15C CITY, TOWN, OR LOCATION	Sierra Madre	15D STREET AND NUMBER OR R.F.D.	170 S. Michillinda	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes		
16 FATHER—NAME FIRST MIDDLE LAST	Ernest Marquez	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST	–	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED	James Spencer - Husband				
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Cremation	19B CEMETERY OR CREMATORY—NAME	Pasadena Crematory	19C LOCATION—CITY OR TOWN / STATE	Pasadena, California				
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						

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR)	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH / DAY / YEAR / HOUR)	21C FROM: NATURAL CAUSES	ACCIDENT	SUICIDE
About 7:30 A M.	July 8, 1982 5:30A M.	XX	☐	☐
		HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐

21D CERTIFIER—SIGNATURE: George R. Nicholson

21E NAME—(TYPE OR PRINT) / DEGREE OR TITLE: George R. Nicholson, MD

21F MEDICAL EXAMINER FOR: KLAMATH COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): JUL 12 1982

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): JUL 12 1982

22B REGISTRAR (SIGNATURE): Claudia Francis

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))

PART I
(A) DUE TO, OR AS A CONSEQUENCE OF: Probable Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Sec/Min
(B) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease c arrythmias — INTERVAL BETWEEN ONSET AND DEATH: Yrs
(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

25A DATE OF INJURY (MONTH, DAY, YEAR)	25B HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25D INJ. AT WORK (SPECIFY YES OR NO)	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL - VITAL STATISTICS COPY

82- 944065

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 Claudia Francis, Deputy Registrar

Date JUL 14 1982

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

After recording return to MTC – Attn: Mans

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 4th day of October A.D., 1984 at 3:16 o'clock P M, and duly recorded in Vol M84, of Deeds on page 17157.

EVELYN BIEHN, COUNTY CLERK

Fee: $4.00p Index $1.00

by: Pam Smith, Deputy