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486

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

Vol. M84 Page 112

NT

Local File Number

CERTIFICATE OF DEATH

JAN 3 1985

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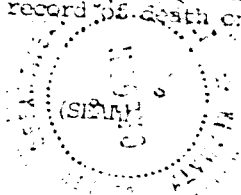
DECEASED—NAME ANNE		M. MATHENS		DATE OF DEATH December 26, 1984	
RACE White		SEX Female		AGE 50	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME 6401 Climax Avenue		DATE OF BIRTH October 26, 1934	
STATE OF BIRTH New York		CITIZEN OF WHAT COUNTRY U.S.A.		COUNTY OF DEATH Klamath	
SOCIAL SECURITY NUMBER 065-26-2610		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		SPOUSE Jack R. Mathens	
RESIDENCE—STATE Oregon		CITY, TOWN OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. 6401 Climax Avenue	
FATHER Lee		MOTHER Anna		INFORMANT Jack R. Mathens, Husband	
BURIAL, CREATION, REMOVAL, MAUS Cremation		CEMETERY OR CREMATORY Eternal Hills Crematory		LOCATION Klamath Falls, Oregon 97603	
FUNERAL SERVICE LICENSE Kenneth K. Magee		NAME AND ADDRESS OF FACILITY Tavernport's Chapel of the Good Shepherd		ADDRESS 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	
NAME AND ADDRESS OF CERTIFIER Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601		DATE SIGNED December 27, 1984		TIME OF DEATH 2:00 P.M.	
DATE RECEIVED BY REGISTRAR DEC 28 1984		REGISTRAR Marian Atherton		DEPUTY REGISTRAR Marian E. Counts	
IMMEDIATE CAUSE Cardio-respiratory arrest		DUE TO OR AS A CONSEQUENCE OF Cardiomyopathy - Old CVA		DUE TO OR AS A CONSEQUENCE OF Systemic Lupus Erythematosus	
PART II OTHER SIGNIFICANT CONDITIONS Diabetes mellitus, Renal Failure		ACCIDENT No		WAS MEDICAL EXAMINATION REQUIRED No	
INJURY AT WORK No		PLACE OF INJURY No		MILITARY No	
RESERVED FOR REGISTRAR'S USE					

ORIGINAL - VITAL STATISTICS COPY

Ref:
Jack Phatman
6401 Climax
City

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 ATHERTON, Registrar Vital Statistics

Marian E. Counts, Deputy Registrar

DATE DEC 31 1984

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 4th day of January A.D., 1985 at 3:14 o'clock p.m. and duly recorded in Vol M85 of Deeds on page 142

Fee: \$ 5.00

EVELYN BIERN, COUNTY CLERK
by: Pam Smith, Deputy