44672

486
Local File Number

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

Vol. M84 Page 112

CERTIFICATE OF DEATH

DECEASED—NAME First: ANNE Middle: M. Last: MATHEWS

RACE: White
SEX: Female
AGE: 50
DATE OF DEATH: December 26, 1984
DATE OF BIRTH: October 24, 1934
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
HOSPITAL OR OTHER INSTITUTION—NAME: 6401 Climax Avenue
COUNTY OF DEATH: Klamath
STATE OF BIRTH: New York
CITIZEN OF WHAT COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
SPOUSE: Jack R. Mathews
WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
SOCIAL SECURITY NUMBER: 065-26-2610
USUAL OCCUPATION: Housewife
KIND OF BUSINESS OR INDUSTRY: Homemaking
RESIDENCE—STATE: Oregon
COUNTY: Klamath
CITY, TOWN, OR LOCATION: Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP: 6401 Climax Avenue 97603
INSIDE CITY LIMITS: No
FATHER—NAME: Leo Gorman
MOTHER—MAIDEN NAME: Anna Gorman (Tobin)
INFORMANT: Jack R. Mathews, Husband
BURIAL, CREMATION, REMOVAL: Cremation
CEMETERY OR CREMATORY: Eternal Hills Crematory
LOCATION: Klamath Falls, Oregon 97603
FUNERAL SERVICE LICENSEE: [signature]
NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194
CERTIFIER (Signature): Kenneth K. Magee
DATE SIGNED: December 27, 1984
HOUR OF DEATH: 2:00 P.M.
NAME AND ADDRESS OF CERTIFIER: Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:
DATE RECEIVED BY REGISTRAR: DEC 28 1984
REGISTRAR: Katherine E. Ciamiko

PART I (a) IMMEDIATE CAUSE: Cardio-respiratory arrest — Interval between onset and death: minutes
(b) DUE TO OR AS A CONSEQUENCE OF: Cardiomyopathy - Old CVA — years
(c) DUE TO OR AS A CONSEQUENCE OF: Systemic Lupus Erythematosus — many years
PART II OTHER SIGNIFICANT CONDITIONS: Diabetes mellitus, Renal Failure
AUTOPSY: No
WAS MEDICAL EXAMINER NOTIFIED: No
ACCIDENT: No
INJURY AT WORK: No

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

Ret: Jack R. Mathews 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Katherine E. Ciamiko Deputy Registrar
Date DEC 31 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 4th day of January A.D., 19 85 at 3:14 o'clock P. M., and duly recorded in Vol M85 of Deeds on page 142

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy