45044

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

Vol. M85 Page 812

414
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: ANNA Middle: MAE Last: STRAHAN

DATE OF DEATH (month, day, year) (2) November 7, 1984

RACE (white, Black, American Indian, etc. (specify)) (3) White

SEX (4) Female

AGE—Last Birthday (years) (5a) 68 Under 1 year: mos (5b) days; Under 1 day: hours (5c) min

DATE OF BIRTH (month, day, year) (6) September 5, 1916

CITY, TOWN, OR LOCATION OF DEATH (7a) Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) (7b) Merle West Medical Center

IF HOSP OR INST, Indicate DOA, OP, Emer, Rm, Inpatient (Specify) (7c) Inpatient

COUNTY OF DEATH (7d) Klamath

STATE OF BIRTH (If not in U.S.A., name country) (8) Washington

CITIZEN OF WHAT COUNTRY (9) U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10) Widowed

SPOUSE (IF MARRIED, WIDOWED) (11) Frank

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (12) No

SOCIAL SECURITY NUMBER (13) 542 - 38 - 9418

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (14a) School Teacher - Retired

KIND OF BUSINESS OR INDUSTRY (14b) Elementary Education

RESIDENCE—STATE (15a) Oregon

COUNTY (15c) Klamath

CITY, TOWN, OR LOCATION (15c) Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP (15d) 6244 Maryland 97603

Inside City Limits (specify yes or no) (15e) No

FATHER—NAME (first, middle, last) (16) Amos Cliff Hazelwood

MOTHER—(first, middle, last, (Maiden Name)) (17) Myrtle Irene Young

INFORMANT—NAME and relationship to deceased (18) Nina Concannon - Sister

BURIAL, CREMATION, REMOVAL, MAUSE (Specify) (19a) Cremation

CEMETERY OR CREMATORY—NAME (19c) Eternal Hills Memorial Gardens

LOCATION city or town, state (19c) Klamath Falls, Ore

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) (20a) Samuel R. Reed

NAME AND ADDRESS OF FACILITY (20b) WARD'S - 1945 Main - Klamath Falls, Oregon 97601

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (21a) (Signature) [illegible]

DATE SIGNED (Mo., Day, Yr.) (21b) 11/8/84

HOUR OF DEATH (21c) 4:15 P M

NAME AND ADDRESS OF CERTIFIER (Type or Print) (21d) John Kliegeld, MD / 1905 Main / Klamath Falls, Oregon / 97601

To be Completed by CERTIFYING PHYSICIAN Only

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) (21e)

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) (22a) NOV 8 1984

REGISTRAR (22b) (Signature) Marian Ackerman

PART I (20) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Probable cardiac arrest. — Interval between onset and death: Minutes.

DUE TO, OR AS A CONSEQUENCE OF

(b) CBP — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) Renal failure. — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

Hypertension

AUTOPSY (Specify Yes or No) (24) No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) (25) No

ACCIDENT, SUICIDE, HOMICIDE (Specify Yes or No) (26a) No

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 STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)

RESERVED FOR REGISTRAR'S USE

'85 JAN 14 PM 4 27

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date NOV 9 1984

VOID IF ALTERED

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

CAA 5.00

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 14th day of January, A.D., 19 85 at 4:27 o'clock P M, and duly recorded in Vol M85 of Deeds on page 812.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Kim Smith, Deputy

Return: Nina J. Concannon 6244 Maryland Ave. Klamath Falls, Ore. 97603