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45708

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

CERTIFICATE OF DEATH

46 — Local File Number

State File Number

DECEDENT—NAME: First HELEN; Middle R.; Last FOX

2 DATE OF DEATH (month, day, year): February 4, 1985

3 RACE (White, Black, American Indian, etc. (Specify)): White

4 SEX: Female

5a AGE—Last birthday (years): 75

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): March 20, 1909

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Kl. County Nursing Home

7c If HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Illinois

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Glenn H. Fox

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

13 SOCIAL SECURITY NUMBER: 543-09-0371

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Salesperson & model

14b KIND OF BUSINESS OR INDUSTRY: Fashion/Retail Sales

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 823 Martin Street 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Henry - Gilkison

17 MOTHER—first middle last (Maiden Name): Florence - Harter

18 INFORMANT—NAME and relationship to deceased: Glenn H. Fox, husband

19a BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon 9760

20a FUNERAL SERVICE LICENSEE (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

To be Completed by Certifying Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): [illegible]

21b DATE SIGNED (Mo., Day, Yr.): 2/3/85

21c HOUR OF DEATH: 2:28 PM

NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett B. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 6 1985

22b REGISTRAR (Signature): [illegible]

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

23 IMMEDIATE CAUSE (a): Myocardial infarction — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF (b): — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF (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): MY NUTRITION SUCKS

24 AUTOPSY (Specify Yes or No): No

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

ACCIDENT (Specify Yes or No): No — 26a

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [illegible], Deputy Registrar

Date FEB 6 1985

VOID IF ALTERED

(SEAL)

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 7th day of February A.D., 19 85 at 12:00 o'clock P M, and duly recorded in Vol M85 of Deeds on page 2023

EVELYN BIEHN, COUNTY CLERK

by: [illegible], Deputy

Fee: $ 5.00

Ret: Glenn Fox 823 Martin St. Klamath Falls, Oregon 97601