45882

Acc-14644

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

Vol. M85 Page 2252

346
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME (1) First: ELIZABETH Middle: MARIE Last: HANSEN

(2) DATE OF DEATH (month, day, year): August 28, 1984

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

(4) SEX: Female

(5a) AGE—Last birthday (years): 66

(5b) Under 1 year: mos / days

(5c) Under 1 day: hours / min

(6) DATE OF BIRTH (month, day, year): January 3, 1918

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

(7b) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. 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): Iowa

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

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

(11) SPOUSE (IF MARRIED, WIDOWED): Robert R. Hansen

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

(13) SOCIAL SECURITY NUMBER: 478-28-7003 A

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

(14b) KIND OF BUSINESS OR INDUSTRY: Retail Grocery

(15a) RESIDENCE—STATE: Oregon

(15b) COUNTY: Klamath

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

(15d) STREET AND NUMBER OR R.F.D., ZIP: 3905 Bartlett St. ~~97603~~

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

(16) FATHER—NAME first middle last: Edward - Hughes

(17) MOTHER—first middle last (Maiden Name): Christina Louise DeNio

(18) INFORMANT—NAME and relationship to deceased: Robert Richard Hansen, Husband

(19a) BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

(19b) CEMETERY OR CREMATORY—NAME: Klamath Cremation Service

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

(20a) FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike Ohai

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

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

(21a) [Signature]: F. Geoffrey Marx

DATE SIGNED [Mo., Day, Yr.] (21b): 8/28/84

HOUR OF DEATH (21c): 7:20 P. M

To be Completed by CERTIFYING PHYSICIAN Only

NAME AND ADDRESS OF CERTIFIER [Type or Print]: (21d) F. Geoffrey Marx, M.D., 2614 Clover St., Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR [Mo. Day Yr.] (22a): AUG 29 1984

REGISTRAR (22b) [Signature]: Kathleen E Cravinho

PART I

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

(a) Respiratory Failure — Interval between onset and death: Gone

DUE TO, OR AS A CONSEQUENCE OF

(b) Lupus Erythematosis and Osteoporosis — Interval between onset and death: 10 yrs

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).

(24) AUTOPSY [Specify Yes or No]: No

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

(26a) ACCIDENT [Specify Yes or No]	(26b) DATE OF INJURY [Mo. Day. Yr.]	(26c) HOUR OF INJURY	(26d) DESCRIBE HOW INJURY OCCURRED
		M	

(26e) INJURY AT WORK [Specify Yes or 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

(SEAL)

By Kathleen E Cravinho, Deputy Registrar

Date AUG 29 1984

VOID IF ALTERED

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

'85 FEB 13 AM 10 02

Return: KEFS LL 540 Main

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 13th day of February A.D., 1985 at 10:02 o'clock A M, and duly recorded in Vol M85, of Deeds on page 2252.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy