45897

Vol. M85 Page 2275

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

'85 FEB 13 P4:30

46
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—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	Under 1 year: 5b mos / days	Under 1 day: 5c 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, TRANSIT: Burial	19b CEMETERY OR CREMATORY NAME: Eternal Hills Memorial Gardens		19c LOCATION (City or town, State): Klamath Falls, Oregon 9760		
20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): William L. 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): Everett E. Howard	21b DATE SIGNED (Mo., Day, Yr.): 2/3/85	21c HOUR OF DEATH: 2:28 P.M.			
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601					
21e 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): Marian E. Ackerman				

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

PART I
(a) Basilar Meningitis — 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): Hypertension Stroke

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

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

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
NO		

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E. Ackerman, Deputy Registrar
Date FEB 6 1985
VOID IF ALTERED

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

01
5.00

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 4:30 o'clock P M, and duly recorded in Vol M85 of Deeds on page 2275

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy

Ret: Boivin, McCobb & Uerlings, P.C. Box 5050 Klamath Falls, Oregon 97601