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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

77-008957

173

Local File Number

State File Number

DECEASED NAME Margaret Eleanor Burnett		DATE OF DEATH (month, day, year) June 3, 1977	
RACE White	SEX Female	AGE 65	DATE OF BIRTH (month, day, year) February 5, 1912
COUNTY OF DEATH Klamath	CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION - NAME Pres. Intercomm. Hospt.	
STATE OF BIRTH California	CITIZEN OF WHAT COUNTRY U.S.A.	NAME OF SPOUSE William J. Burnett	
SOCIAL SECURITY NUMBER 541-60-0197 A	USUAL OCCUPATION Homemaker	KIND OF BUSINESS OR INDUSTRY	
RESIDENCE - STATE Oregon	CITY, TOWN, OR LOCATION Bonanza	STREET AND NUMBER OF R.F.D. Rt. 1, Box 143	
FATHER NAME Joe Pinelli	MOTHER - Maiden Name Irma Henry	INFORMANT NAME and relationship to deceased William J. Burnett, Husband	
PART I. CAUSE WAS CAUSED BY INTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c). (a) <u>Cardio Resp. Failure</u> (b) <u>Met</u> (c) <u>Cx of Breast</u> APPROXIMATE INTERVAL between onset and death <u>1 hr.</u> <u>4 x 12</u>			
PART II. OTHER SIGNIFICANT CONDITIONS conditions contributing to death but not related to cause given in Part I.			
ACCIDENTS none to yes or no	DATE OF INFLUENZA none, day, year	INFLUENZA none	HOW INJURY OCCURRED enter nature of injury in Part I, or Part II, item 1b
INJURY AT WORK none to yes or no	PLACES OF INJURY at home, farm, street, factory, etc. specify.	LOCATION street or R.F.D. No., city or town, county, state	
CERTIFICATION - PHYSICIAN I attended the deceased from July 10 77 to June 3, 1977	NAME (Typed or Print) Earle M. LeVernois	DEGREE or Title M.D.	DATE SIGNED (month, day, year) June 9 77
BUREL, CREMATION, REMOVAL, MAUSE (specify) Mausoleum			
CEMETERY OR CREMATORY - NAME Haven of Rest			
LOCATION Klamath Falls, Oregon 97601			
FUNERAL HOME - NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			
DATE RECEIVED BY LOCAL REGISTRAR JUL 19 77			
DATE RECEIVED BY STATE REGISTRAR JUN 15 1977			

STATE OF OREGON, COUNTY OF MULTNOMAH

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED JAN 29 1985
Joseph D. Gurney, State Registrar

NOT VALID WITHOUT SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:s3

I hereby certify that the within instrument was received and filed for record on the 21st day of February A.D., 19 85 at 9:48 o'clock A M, and duly recorded in Vol. M85, of Deeds on page 2588.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith, Deputy

RT: William Burnett
Rt 1, Box 143
Bonanza, Ore.
97623