Department of Human Resources 46245

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M85 Page 2800

TYPE OR PRINT IN PERMANENT BLACK INK

479

Local File Number

'85 FEB 25 AM 11

State File Number

DECEASED—NAME First: JENNIE Middle: HELEN Last: HAMILTON

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

SEX: Female

AGE—Last birthday (years): 65

Under 1 year: mos. days. Under 1 day: hours. min.

DATE OF DEATH (month, day, year): December 26, 1982

DATE OF BIRTH (month, day, year): January 13, 1917

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

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

IF HOSP. OR INST. Indicate DOA, OP(Emer.), Am. (Ambulatory), I (Specify): Inpatient

COUNTY OF DEATH: Klamath

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

CITIZEN OF WHAT COUNTRY: U.S.A.

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

SPOUSE (IF MARRIED, WIDOWED): William

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

SOCIAL SECURITY NUMBER: 543-24-8061

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Waitress

KIND OF BUSINESS OR INDUSTRY: Restaurant.

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 1632 Arthur St. 97601

Inside City Limits (specify yes or no): No

FATHER NAME first middle last: Elias Leinonen

MOTHER Maiden Name first middle last: Evelina Kapilla

INFORMANT NAME and relationship to decedent: William Hamilton - Husband

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

CEMETERY OR CREMATORY—NAME: Murray Hill Cemetery

LOCATION city or town state: Clatskanie, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Jim Lancaster

NAME AND ADDRESS OF FACILITY: Ward's - 1945 Main St. - Klamath Falls, Oregon

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): D. Seeley MD

DATE SIGNED (Mo., Day, Yr.): 12/27/82

HOUR OF DEATH: 12:08 P.M.

NAME AND ADDRESS OF CERTIFIER (Type or Print): Dave Seeley, MD 905 Main St./Suite 611 Klamath Falls, Oregon

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 28 1982

REGISTRAR

22b. (Signature): Claudia Francis

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

PART I (a) Hepatic insufficiency — Interval between onset and death: 3mo

DUE TO, OR AS A CONSEQUENCE OF:

(b) Cirrhosis — Interval between onset and death: 6 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).

ACCIDENT (Specify Yes or No): No

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

HOUR OF INJURY

DESCRIBE HOW INJURY OCCURRED

AUTOPSY (Specify Yes or No): No

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

INJURY AT WORK (Specify Yes or No): No

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

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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 Claudia Francis, Deputy Registrar

Date JAN 5 1983

VOID IF ALTERED

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 25th day of February A.D., 19 85 at 11:25 o'clock A M, and duly recorded in Vol M85 of Deeds on page 2800

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 5.00

Ret: W. G. Hamilton Box 1202 Klamath Falls, Oregon 97603