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Vol. M85 Page 3604

79
Local File Number

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

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: First NAOMI; Middle ELIZABETH; Last FEEBACK

1 DATE OF DEATH (month, day, year): February 27, 1985

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

4 SEX: Female

5a AGE (Last birthday (years)): 61

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): March 9, 1923

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 207 Haskins Street

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

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA, name country): Wyoming

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): John

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

13 SOCIAL SECURITY NUMBER: 542 - 54 - 7813

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

14b KIND OF BUSINESS OR INDUSTRY: At Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 207 Haskins Street 97601

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

16 FATHER—NAME first middle last: Harold Findholt

17 MOTHER—first middle last (Maiden Name): Beatrice Howell

18 INFORMANT—NAME and relationship to deceased: John Feeback / Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial

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

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

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

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): Kenneth K Magee

21b DATE SIGNED (Mo., Day, Yr.): 2-28-85

21c HOUR OF DEATH: 3:30 P M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 4 1985

22b REGISTRAR (Signature): Darlene E. Crawford

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

PART I
(a) Cardiac Arrest — Probable Ventricular fibrillation — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) ASHD c Past Large Anterior Myocardial Infarction — Interval between onset and death: Years
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): Yes

26a ACCIDENT (Specify Yes or No): No

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

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

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

By Darlene E. Crawford, Deputy Registrar

Date MAR 11 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 11th day of March A.D., 19 85 at 4:39 o'clock P M, and duly recorded in Vol M85 of Deeds on page 3604

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy

Return: John Feeback 207 Haskins St. Klamath Falls, Oregon 97601