ON STATE HEALTH DIVISION
tment of Human Resources

46985

K-32344

CERTIFICATE OF DEATH

Vol. M85 Page 4082

Vital Records Unit

83-009999

201
Local File Number

State File Number

1 DECEASED—NAME: First: Mary; Middle: L.; Last: Atkinson

2 DATE OF DEATH (month, day, year): June 2, 1983

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

4 SEX: Female

5a AGE—Last birthday (years): 72

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 13, 1911

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

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): Missouri

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Roy Atkinson

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

13 SOCIAL SECURITY NUMBER: 544-38-8694

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

14b KIND OF BUSINESS OR INDUSTRY: - Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Bonanza

15d STREET AND NUMBER OR R.F.D., ZIP: Rt. 1, Box 201 97623

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

16 FATHER—NAME first middle last: Hade Branson

17 MOTHER—Maiden Name first middle last: Viola Owens

18 INFORMANT—NAME and relationship to deceased: Janice Rogers, daughter

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

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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.]: 6-3-83

21c HOUR OF DEATH: 3:45 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUN 3 1983

22b REGISTRAR [Signature]: [signature]

23 IMMEDIATE CAUSE

PART I (a): Respiratory Arrest — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b): Cerebral Vascular Accident — Interval between onset and death: 2 wks

DUE TO, OR AS A CONSEQUENCE OF:

(c): Cerebral Embolism — Interval between onset and death: 2 wks

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Lymphoma

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

24 AUTOPSY (Specify Yes or No): No

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

26e INJURY AT WORK (Specify Yes or No): No

26d DESCRIBE HOW INJURY occurred:

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

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

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 February 15 1985

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Joseph D. Carney, State Registrar

return to:
Klamath Co. Title Co.

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 19th day of March A.D., 19 85 at 3:08 o'clock P M, and duly recorded in Vol M85, of Deeds on page 4082.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy