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

Vol. M85 Page 5932

148
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: MARY Middle: RUTH Last: ABELL

(2) DATE OF DEATH (month, day, year): April 19, 1985

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

(4) SEX: Female

(5a) AGE—Last Birthday (years): 70

(5b) Under 1 year: mos / days

(5c) Under 1 day: hours / min

(6) DATE OF BIRTH (month, day, year): May 12, 1914

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

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

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

(7d) COUNTY OF DEATH: Klamath

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

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

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

(11) SPOUSE (IF MARRIED, WIDOWED): John H. Abell

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

(13) SOCIAL SECURITY NUMBER: 540-62-5408

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

(14b) KIND OF BUSINESS OR INDUSTRY: Homemaking

RESIDENCE—STATE (15a): Oregon

(15b) COUNTY: Klamath

(15c) CITY, TOWN, OR LOCATION: Bonanza

(15d) STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 362 97623

(15e) Inside City Limits (Specify Yes or No): Yes

FATHER—NAME (16) first: Fred middle: E. last: Stilwell

MOTHER—(17) first: Ica middle: M. last (Maiden Name): Johnson

INFORMANT—NAME and relationship to deceased (18): John H. Abell, 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 97601

(20a) FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. 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]:

NAME AND ADDRESS OF CERTIFIER (Type or Print): (21d) Byran J. Stuart, MD, 2300 Clairmont, Klamath Falls, Oregon 97601

(21b) DATE SIGNED (Mo., Day, Yr.): April 19, 1985

(21c) HOUR OF DEATH: 1:15 A M

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

(22a) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 19 1985

(22b) REGISTRAR [Signature]: Evelyn E Cravens

(23) IMMEDIATE CAUSE

PART I (a) [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(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).

(24a) ACCIDENT (Specify Yes or No)	(24b) DATE OF INJURY (Mo., Day, Yr.)	(24c) HOUR OF INJURY	(24d) DESCRIBE HOW INJURY OCCURRED	(24) AUTOPSY (Specify Yes or No)	(25) WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No				No	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 Evelyn E Cravens, Deputy Registrar

Date APR 19 1985

VOID IF ALTERED

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

Ret: John Abell
810 Parkview Dr
Anchorage AK 99504

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 24th day of April A.D., 19 85 at 11:42 o'clock A M, and duly recorded in Vol M85 of Deeds on page 5932

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy