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TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

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

CERTIFICATE OF DEATH

Local File Number — State File Number

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Lena Geneva HAWKINS
2. Date of Death (month, day, year)	January 7, 1985
3. Race (White, Black, American Indian, etc. (specify))	White
4. Sex	Female
5a. Age—Last birthday (years)	74
5b. Under 1 year (mos, days)	
5c. Under 1 day (hours, min)	
6. Date of Birth (month, day, year)	August 29, 1910
7a. City, Town or Location of Death	Medford
7b. Hospital or Other Institution—Name (If not in either, give street and number)	Rogue Valley Medical Center
7c. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Inpatient
7d. County of Death	Jackson
8. State of Birth (If not in U.S.A. name country)	Nebraska
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Spouse (If married, widowed)	James
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No)	No
13. Social Security Number	534-36-0664
14a. Usual Occupation (give kind of work done during most of working life, even if retired)	Licensed Practical Nurse
14b. Kind of Business or Industry	Nursing
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Klamath Falls
15d. Street and Number or R.F.D., Zip	1821 Siskiyou St. 97601
15e. Inside City Limits (specify yes or no)	Yes
16. Father—Name (first, middle, last)	John V. Poulsen
17. Mother—(first, middle, last (Maiden Name))	Pearl
18. Informant—Name and relationship to deceased	John Hawkins - Son

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Maus. (specify)	REmoval/Burial
19b. Cemetery or Crematory—Name	Acacia Memorial Park
19c. Location (City or town, state)	Seattle, Washington
20a. Funeral Service Licensee or Person Acting As Such [Signature]	Claris S. Ferris
20b. Name and Address of Facility	Ward Funeral Home, 1945 Main, Klamath Falls, Oregon

CERTIFIER

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.

Field	Entry
21a. [Signature]	Nicholas H. Dienel
21b. Date Signed (Mo. Day, Yr)	1/8/85
21c. Hour of Death	0049 M
21d. Name and Address of Certifier [Type or Print]	Nicholas H. Dienel, M.D., 2911 Siskiyou Blvd., Medford, Oregon 97504
21e. Name of Attending Physician if Other Than Certifier [Type or Print]	
22a. Date Received by Registrar (Mo. Day, Yr)	JAN 09 1985
22b. Registrar [Signature]	Natalie Abram

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23. PART I (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

(a) Immediate Cause: Myocardial Infarction

(b) Due to, or as a consequence of: Coronary heart disease

(c) Due to, or as a consequence of:

PART II Other Significant Conditions—Conditions contributing to death but not related to cause given in PART I (a)

Field	Entry
24. Autopsy (Specify Yes or No)	No
25. Was Medical Examiner Notified (Specify Yes or No)	No
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)	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

STATE OF OREGON

ORIGINAL - VITAL STATISTICS COPY

CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

45-2 REV. 12-83

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE JAN 09 1985

(SEAL)

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

Phil Studenberg
803 Main St
KFO.

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 2nd day of July A.D., 19 85 at 1:37 o'clock P M, and duly recorded in Vol M85, of Deeds on page 10220.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy