MQC 1396-472

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

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50794

239

# CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED—NAME: First ESTHER Middle ALMA Last EMERSON

2 DATE OF DEATH (month day year): June 13, 1985

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

4 SEX: Female

5a AGE—Last Birthday (years): 75

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): October 28, 1909

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 3617 Rio Vista Way

7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient [Specify]

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Oroville R. Emerson

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

13 SOCIAL SECURITY NUMBER: 442-22-4621

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: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 3617 Rio Vista Way 97603

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

16 FATHER—NAME first middle last: Joe - Whitfield

17 MOTHER—first middle last (Maiden Name): Dora - Burk

18 INFORMANT—NAME and relationship to deceased: Oroville R. Emerson, Husband

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

19b CEMETERY OR CREMATORY—NAME: Skyview Memorial Lawn Cemetery

19c LOCATION (city or town, state): Vallejo, California

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

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]: Earle M. LeVernois M.D.

21b DATE SIGNED [Mo. Day Yr.]: June 14 85

21c HOUR OF DEATH: 5:00 P.M.

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Earle M. LeVernois, M.D., 2628 Campus Dr., Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr.]: JUN 14 1985

22b REGISTRAR [Signature]: Katherine E. Cramiko

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

PART I

(a) Cardio Resp Failure — Interval between onset and death: Terminal

DUE TO, OR AS A CONSEQUENCE OF

(b) Metast Carcinoma — Interval between onset and death: Approx 2 Months

DUE TO, OR AS A CONSEQUENCE OF

(c) Primary Carcinoma of Lung RT — Interval between onset and death: 2 Months

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]

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

AFTER RECORDING RETURN TO:
ORVILLE EMERSON
3617 Rio Vista
Klamath Falls, Oregon 97603

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.

MARTAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cramiko, Deputy Registrar
Date June 14, 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 9TH day of July A.D., 19 85 at 2:06 o'clock P M, and duly recorded in Vol M85, of Deeds on page 10548.

EVELYN BIEHN, COUNTY CLERK
by: Bernetha A Belisch, Deputy

Fee: $ 5.00

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