MRC 13961-472

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

CERTIFICATE OF DEATH

Local File Number | State File Number

DECEASED—NAME: First ESTHER | Middle ALMA | Last EMERSON
DATE OF DEATH (month, day, year): June 13, 1985
RACE (White, Black, American Indian, etc. (Specify)): White
SEX: Female
AGE—Last Birthday (years): 75
Under 1 year: mos / days
Under 1 day: hours / min
DATE OF BIRTH (month, day, year): October 28, 1909
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 3617 Rio Vista Way
IF HOSP. OR INST. Indicate DOA, Emer., Rm., Inpatient, (Specify)
COUNTY OF DEATH: Klamath
STATE OF BIRTH (If not in U.S.A. name country): Arkansas
CITIZEN OF WHAT COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
SPOUSE (IF MARRIED, WIDOWED): Oroville R. Emerson
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
SOCIAL SECURITY NUMBER: 442-22-4621
USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
KIND OF BUSINESS OR INDUSTRY: Own Home
RESIDENCE—STATE: Oregon
COUNTY: Klamath
CITY, TOWN, OR LOCATION: Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP: 3617 Rio Vista Way 97603
Inside City Limits: No
FATHER—NAME first middle last: Joe - Whitfield
MOTHER—first middle last (Maiden Name): Dora - Burk
INFORMANT—NAME and relationship to deceased: Oroville R. Emerson, Husband
BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial/Removal
CEMETERY OR CREMATORY NAME: Skyview Memorial Lawn Cemetery
LOCATION city or town, state: Vallejo, California
FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike Ollar
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. M.D.
DATE SIGNED [Mo., Day, Yr.]: June 14 85
HOUR OF DEATH: 5:00 P. M
21a [Signature]: Earle M. LeVernois
NAME AND ADDRESS OF CERTIFIER [Type or Print]: Earle M. LeVernois, M.D., 2628 Campus Dr., Klamath Falls, Ore. 97601
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUN 14 1985
REGISTRAR 22b [Signature]: Katherine E. Cravinho

PART I — 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)
(a) Cardio Resp Failure — Interval between onset and death: Terminal
(b) DUE TO, OR AS A CONSEQUENCE OF: Renal Carcinoma — Interval between onset and death: Approx 2 Months
(c) DUE TO, OR AS A CONSEQUENCE OF: Primary Adenocarcinoma 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)
AUTOPSY [Specify Yes or No]: No
WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

ACCIDENT [Specify Yes or No] | DATE OF INJURY [Mo., Day, Yr.] | HOUR OF INJURY | DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK [Specify Yes or No] | PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] | LOCATION | STREET OR R.F.D. NO. | CITY OR TOWN | STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

AFTER RECORDING RETURN TO:
45-2 REV. 12-83
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.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Katherine E. Cravinho, Deputy Registrar
Date June 14, 1985
VOID IF ALTERED

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., 1985 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 Kelsch, Deputy

Fee: $ 5.00

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