51355

STATE OF OREGON ATC 29018 Vol. M85 Page 11654
OREGON STATE HEALTH DIVISION 85-002905
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Local File Number

CERTIFICATE OF DEATH

1 DECEASED—NAME: First VERONICA Middle B. Last MATHES

2 DATE OF DEATH (month, day, year): February 9, 1985

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

4 SEX: Female

5a AGE—Last birthday (years): 82

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): October 12, 1902

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., Am., Inpatient [Specify]: Emer. Rm.

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): Married

11 SPOUSE (IF MARRIED, WIDOWED): William E. Mathes

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

13 SOCIAL SECURITY NUMBER: 559-16-4915

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife 914961

14b KIND OF BUSINESS OR INDUSTRY: Homemaker

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4448 Day Drive 97603

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

16 FATHER—NAME first middle last: John - Renner

17 MOTHER—first middle last (Maiden Name): Matilda - Weixeldorfer

18 INFORMANT—NAME and relationship to deceased: William E. Mathes, husband

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Oregon 9760

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]: John D. Merryman M.D.

21b DATE SIGNED [Mo., Day, Yr.]: February 11, 1985

21c HOUR OF DEATH: 5:41 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: John D. Merryman, MD, 303 Pine Street, Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: FEB 11 1985

22b REGISTRAR [Signature]: Barbara E. Lewis

23 IMMEDIATE CAUSE

PART I (a) Cardiac Arrest — Interval between onset and death: 10 min.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Myocardial Infarction — Interval between onset and death: 1 hr.

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerotic heart disease — Interval between onset and death: 15 yrs.

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

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d 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 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 JUNE 17 1985

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Return To:
Ernest L. Mathes
7636 Booth Rd, City, 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____

of July A.D., 19 85 at 3:53 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 11654 the 23rd day

FEE $5.00

Evelyn Biehn County Clerk

By Pam Smith