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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records UnitVol. M85 Page 12413

3/3

CERTIFICATE OF DEATH

ORS - 146

Local File Number

State File Number

DECEASED - NAME		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
NANCY		A.		HATHAWAY				August 2, 1985	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX		AGE - LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY	
White		Female		55		MOS. DAYS		HOURS MIN.	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)		IF HOSP. OR INST. IN- PATIENT (SPECIFY)		COUNTY OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)	
Klamath Falls		West Medical Center		Emer. Rm.		Klamath		April 26, 1930	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	
Connecticut		U.S.A.		Married		Robert F. Hathaway		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
012-22-3260		Housewife		Homemaking					
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Oregon		Klamath		Bonanza		Rt 1 Box 365 97623		NO	
FATHER - NAME FIRST MIDDLE LAST		MOTHER - FIRST MIDDLE LAST (MAIDEN NAME)		INFORMANT - NAME AND RELATIONSHIP TO DECEASED					
Charles J. Skladzien		Anna G. Bernard		Chris L. Denning, daughter					
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN		STATE			
Cremation		Eternal Hills Crematory		Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (SIGNATURE)		NAME AND ADDRESS OF FACILITY							
William J. Davenport		6420 South Sixth Street, Klamath Falls, Oregon 97603-7194							
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:									
DEATH OCCURRED (MONTH, DAY, YEAR)		THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)		FROM:		NATURAL CAUSES		ACCIDENT	
10:20 A. August 2, 1985		10:20 A.		M. 21C		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
CERTIFIER (SIGNATURE)		NAME - (TYPE OR PRINT)		DEGREE OR TITLE		HOMICIDE		SUICIDE	
Robert E. Jamison, MD.		Robert E. Jamison, MD				<input type="checkbox"/>		<input type="checkbox"/>	
MEDICAL EXAMINER FOR: Klamath COUNTY		DATE SIGNED (MONTH, DAY, YEAR)				UNDETERMINED		PENDING	
		August 3, 1985				<input type="checkbox"/>		<input type="checkbox"/>	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR							
AUG - 5 1985		Marian Ackerman							
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)									
(A) Multiple Traumatic Injuries		INTERVAL BETWEEN ONSET AND DEATH		minutes					
(B) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH							
(C) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH							
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)									
DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)							
August 2, 1985		Single vehicle automobile accident (driver)							
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLOC., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)					
No		Highway		M.P. 15.2 Highway 140 East, Klamath Falls, Klamath, Oregon					
RESERVED FOR REGISTRAR'S USE									

Ret: Chris L. Denning
1010 Lakeshore Dr
city - 97601

ORIGINAL - VITAL STATISTICS COPY

45-107 REV. 12-83

STATE OF OREGON
County of KlamathThis 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

By Marian Ackerman Deputy RegistrarDate AUG - 5 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of August A.D., 19 85 at 2:42 o'clock P M., and duly recorded in Vol. M85
of Deeds on Page 12413

FEE \$5.00

Evelyn Biehn

County Clerk

By Evelyn Biehn