Oregon
STATE HEALTH DIVISION
ment of Human Resources

52300

MC-15338

CERTIFICATE OF DEATH

Vol M85 Page 13191

Vital Records Unit

106

Local File Number

State File Number

1 DECEASED—NAME (First) Bernice	(Middle) Marion	(Last) Coffin	2 DATE OF DEATH (month, day, year) April 9, 1983
3 RACE (White, Black, American Indian, etc. (specify)) White	4 SEX Female	5a AGE—Last birthday (years) 79	Under 1 year: 5b mos. / days; Under 1 day: 5c hours / min.
6 DATE OF BIRTH (month, day, year) January 22, 1904			
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Med. Cen.	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm.; Inpatient (Specify) Inpatient	7d COUNTY OF DEATH Klamath
8 STATE OF BIRTH (If not in U.S.A., name country) Oklahoma	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	11 SPOUSE (If married, widowed) Clare Coffin	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
13 SOCIAL SECURITY NUMBER 559-09-4308	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	14b KIND OF BUSINESS OR INDUSTRY Homemaking	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 97601 2104 Gettle Street	15e Inside City Limits (specify yes or no) Yes
16 FATHER—NAME first middle last George Sanders	17 MOTHER—Maiden Name first middle last Mary Foster	18 INFORMANT—NAME and relationship to deceased Bill Williams - son	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation	19b CEMETERY OR CREMATORY—NAME Klamath Cremation Service	19c LOCATION city or town, state Klamath Falls, Oregon	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] [signature]	20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore.		

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] [signature] — 21b DATE SIGNED [Mo., Day, Yr.] April 11, 1983 — 21c HOUR OF DEATH 12:50 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d Dr. Blake Berven 2616 Clover Street Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a APR 11 1983 — REGISTRAR 22b [Signature] [signature]

PART I 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a) Carcinoma of the pancreas		Interval between onset and death: seven months
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death:
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): 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

RETURN: KLAMATH FIRST FEDERAL S & L.; 540 MAIN ST.; KLAMATH FALLS, OR 97601

HS-2 (Rev. 1/80)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date APR 11 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 21st day of August A.D., 19 85 at 10:16 o'clock A M., and duly recorded in Vol. M85 of Deeds on Page 13191.

Evelyn Biehn County Clerk

By [signature]

FEE $5.00