54534 '85 OCT 10 PM 3 30

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

CERTIFICATE OF DEATH

331 Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First DONNA Middle ALFIA Last PARKS

2 DATE OF DEATH (month, day, year): August 15, 1985

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

4 SEX: Female

5a AGE—Last birthday (years): 65

5b Under 1 year: mos

5c Under 1 day: days / hours / min

6 DATE OF BIRTH (month, day, year): July 10, 1920

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 5140 Cottage Avenue

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): Utah

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

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

11 SPOUSE (IF MARRIED, WIDOWED): George H.

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

13 SOCIAL SECURITY NUMBER: 540 - 50 - 0630

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

14b KIND OF BUSINESS OR INDUSTRY: At Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 97603 — 5140 Cottage Avenue

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

16 FATHER—NAME first middle last: Henry P. Jones

17 MOTHER—first middle last (Maiden Name): Ella Cunningham

18 INFORMANT—NAME and relationship to deceased: George Parks - Husband

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

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

19c LOCATION city or town, state: Klamath Falls, Or

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Thomas K. Blank

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main / Klamath Falls, Or / 97601

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]: [illegible]

21b DATE SIGNED (Mo. Day. Yr.): 8/15/85

21c HOUR OF DEATH: 2:50 P M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): David Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Or. / 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): AUG 16 1985

22b REGISTRAR [Signature]: [illegible]

CAUSE OF DEATH

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

PART I (a) GLIOBLASTOMA MULTIFORMIS — Interval between onset and death: 13 Mos.

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) — Interval between onset and death:

4 / 5 / 6

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo. Day. Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY occurred:

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

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

STATE OF OREGON
County of Klamath

NCK $2.00

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 [illegible] *Deputy Registrar*

Date Aug 20 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 October A.D., 19 85 at 3:30 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 16961, the 18th day

FEE $5.00

Evelyn Biehn County Clerk

By _____

Ret: Proctor, Puckett & Fairclo , Atty's 280 Main St., Klamath Falls, Ore. 97601