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

CERTIFICATE OF DEATH

421 — Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: Patricia; Middle: L.; Last: MEADE

2 DATE OF DEATH (month, day, year): October 16, 1985

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

4 SEX: Female

5a AGE—Last birthday (years): 57

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 17, 1928

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 710 Eldorado Avenue

7c IF HOSP OR INST: Indicate DOA, OP-Emer., Rm., Inpatient (Specify): Residence

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): England

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

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

11 SPOUSE (IF MARRIED, WIDOWED): William J. Meade

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

13 SOCIAL SECURITY NUMBER: 076-36-5383

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 710 Eldorado Avenue 97601

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

16 FATHER—NAME first middle last: John Robert Trotter

17 MOTHER—first middle last (Maiden Name): Mary - Lindores

18 INFORMANT—NAME and relationship to deceased: William J. Meade, husband

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION City or town State: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike O'Hair

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 976

CERTIFIER

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]: Alan Grobman M.D.

21b DATE SIGNED [Mo. Day Yr]: 10/17/85

21c HOUR OF DEATH: 3:30 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Dr. Alan M. Grobman, M.D., Medical - Dental Bldg., Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr]: OCT 17 1985

22b REGISTRAR [Signature]: Barbara E. Combs

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I

(a) HEPATIC FAILURE — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(b) MALIGNANT MELANOMA, METASTATIC — 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): Yes

26a ACCIDENT (Specify Yes or 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)

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

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 Barbara E. Combs *Deputy Registrar*

Date Oct 17, 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 _____ the 30th day of October A.D., 19 85 at 4:14 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 17674.

FEE $5.00

Evelyn Biehn County Clerk
By Pam Smith

Ret: William Meade 710 Eldorado Ave., Klamath Falls, Oregon 97601