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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number: 561

State File Number: _____

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First: Mary; Middle: M.; Last: RADSPINNER
2. DATE OF DEATH (month day year): October 31, 1985
3. RACE (White, Black, American Indian, etc. (Specify)): White
4. SEX: Female
5a. AGE—Last Birthday (years): 64
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month day year): March 14, 1921
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 Medical Center
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): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Hugh Radspinner
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 543-12-2993
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker
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: 3128 Laverne Ave. 97601
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: Albin Taveirne
17. MOTHER—first middle last (Maiden Name): Helen Van Brussel
18. INFORMANT—NAME and relationship to deceased: Hugh Radspinner, Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Klamath Cremation Service
19c. LOCATION (City or Town, State): Klamath Falls, Ore.
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

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): [signature] M.D.
21b. DATE SIGNED (Mo. Day Yr.): November 4, 1985
21c. HOUR OF DEATH: 5:15 P. M
NAME AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, M.D., 2614 Clover St., Klamath Falls, Ore. 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

21e. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): NOV 6 1985
22b. REGISTRAR (Signature): [signature]

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

PART I
(a) Cardiogenic Shock — DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death: 8 hrs.
(b) Acute Myocardial infarct — DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death: 8 hrs.
(c) ASHD — 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):
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

452 REV 12-83

STATE OF OREGON
County of Klamath

I, the undersigned, hereby certify 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 [signature] Deputy Registrar

Date Nov 6 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 12th day of November A.D., 19 85 at 2:18 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 18300.

FEE $5.00

Evelyn Biehn County Clerk
By [signature]

Ret: Hugh Radspinner 3128 Laverne Ave., Klamath Falls Oregon 97601