OREGON STATE OF OREGON OREGON STATE HEALTH DIVISION VOI MOL Page 19763 OR PRINT DEPARTMENT OF HUMAN RESOURCES PERMANENT BLACK INK CEASED NAME LOCAL File CERTIFICATE OF DEATH First FOR RACE White Black America INSTRUCTIONS HAZEL White SEE HANDBOOK ٧. CITY, TOWN OR LOCATION OF DEATH SEX OLSON Female AGE Last D.mnda DATE OF DEATH (month) State File Nu Klamath Falls DECEDENT HOSPITAL OR OTHER INSTITUTION STATE OF BIATH III NOL IN US October 30, 1985 Under ill og in entrer pyre street ang number) 20 West Medical Center L year Under I day IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOX SEE HANDBOOX DATE OF BIRTH (month day Washington CITIZEN OF WHAT COUNTRY SOCIAL SECURITY NUMBER 6 June 24, 1902 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 DIVORCED (Specify) U.S.A. HOS OR INS! NESIDENCE-STATE OP Emer Am ingatien Special UBUAL OCCUPATION (give ki of working life even if refired) co COUNTY OF DEATH COMPLETION OF RESIDENCE ITEMS SPOUSE (IF MARRIED WIDOWED) " WOTAL TO LIFE OF Klamath L Oregon la work done during most COUNT WAS DECEDENT EVER IN U.S. ANNED FORCEST (String In 1) FATHER NAMI KIND OF BUSINESS OR INDUST Klamath CITY, TOWN, OR LUCATION Jacob Klamath Falls 140 Retail Sales BURIAL CREMATION REMOVAL MAUS ISL 19.1 DUIT 2 1.15 STREET AND NE Coch MOTHE DISPOSITION 2422 Pershing Way 97603 IR OR R.F.D., ZIP CEMETERY OR CREMATORY niddle Anna 150 ISDEC.IN lasi Baker (Ma FUNERAL ST INFORMANT NAME and reliationship to decense Sorchy was or Name Eternal Hills Memorial Gardens TVICE LI Virginia R. Thompson, daughter Hills Memorial Gardens MAME AND ADDRESS OF FACIUTY Dav inport's Chapel of the Good Shepherd, Algo South Sivth Streat Klemath Falls- Oregon 97603-7194 Lan due to the Cause(s) stated The date and place and the signed late signed late of the signed late signed late of the signed late signed late of the signed 21a | Sumalive | ÇERTIFIER * Klamath Falls, Oregond MAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (The or Physician of the structure) Alon M Conchron Mr Modical Dantal Bldg One Main Ct Klamath ڻ <u>۽</u> ڳ To Re CERTIEN ME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [1/200 0 Pavi] Alan M. Grobman, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 976 CONDITIONS IF ANY WHICH GAVE RISE TO MMEDIATE CALISE DATE RECEIVED BY REGISTRAR 141 20, CAUSE STATING THE UNDERLYING CAUSE LAST IMMEDIATE CAUSE 23 PART (a) IENTER ONLY ONE CAUSE PER LINE POR LAT. Tol. AND Ici j DUE TO OR AS A CONSEQUENCE OF 5 CAUSE OF (b) DUE TO OR AS A CONSEQUENCE OF Arrest DEATH AS OTHER SIGNIFICANT CONDITIONS PART ${\boldsymbol{\circ}}$ ACCIDENT (SOUCH Yes or NU) ontributing to death but nor 40 related to cause given in PART I (a) DATE OF INJURY (AD Day, Y) No .~6a INURY AT WORK HOUR OF INURY AUTOPSY SUPERA YES 260 PLACE OF INJURY -- AI nome. office building. etc [Specify] DESCRIBE HOW INJURY OCCURRED WAS MEDICAL EXAMINE A NOTIE No RESERVED FOR REGISTRAR'S USI 26 factory 260 No LOCATION STREET OR A FD NO CITY OH TOWN STATE ORIGINAL-VITAL STATISTICS COPY STATE OF OREGON County of Klamath "This centifies that the foregoing is a correct and complete transcript of a mahand of death on file with the Klamath County Denantment of of a record of death on file with the <u>Klamath County Department of</u> 45 2 HEV MARIAN ACKERMAN, Registrar Vital Statistics NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT Date b Deputy Registrar STATE OF OREGON: COUNTY OF KLAMATH: Filed for record at request of December A.D., 19 85 of _ at _ 8:37 \$5.00 FEE o'clock <u>A.M.</u>, and duly recorded in Vol. De Ret: Virginia Thompson 4th Evelyn Biehn, day 6728 Amber County Clerk Klamath Falls, Oregon 97603