Vol. M85 Page 19994

OREGON STATE BOARD OF HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
VITAL STATISTICS UNIT

CERTIFICATE OF DEATH

ORS 146

Local File Number: 372

State File Number

1 DECEASED—NAME: FIRST JOSEPHINE MIDDLE — LAST FITZSIMMONS

2 DATE OF DEATH (MONTH, DAY, YEAR): September 13, 1985

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White

4 SEX: Female

5A AGE—LAST BIRTHDAY (YEARS): 71

5B UNDER 1 YEAR — MOS. / DAYS

5C UNDER 1 DAY — HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): October 10, 1913

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

7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Merle West Medical Center

7C IF HOSP. OR INST., INDICATE DOA, OP, ER, 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

SPOUSE (IF MARRIED, WIDOWED): Clarence H. Fitzsimmons

WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13 SOCIAL SECURITY NUMBER: 541-24-8167

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: 2151 Kiln St. 97601

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

16 FATHER—NAME FIRST MIDDLE LAST: Theodore H. Turner

17 MOTHER—FIRST MIDDLE LAST (MAIDEN NAME): Cora Stella Mitchell

INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Clarence H. Fitzsimmons, Husb.

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: Mike O'Hair

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

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): 1:05 A.M.

21B THE DECEDENT WAS PRONOUNCED DEAD — MONTH DAY YEAR HOUR: September 13, 1985 1:05 A.M.

21C FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21D CERTIFIER—SIGNATURE: Robert E. Jamison M.D.

21E NAME—(TYPE OR PRINT) DEGREE OR TITLE: Robert E. Jamison, M.D.

MEDICAL EXAMINER FOR: 21F Klamath COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): 9/16/85

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): SEP 16 1985

22B REGISTRAR (SIGNATURE): Katherine E. Cranmer

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I

(A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Severe Brain Injury With Massive Subdural & Intraceberal Hematoma — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Traumatic Head Injury — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

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

25A DATE OF INJURY (MONTH, DAY, YEAR): September 3, 1985

25B HOUR: 3:00 P.M.

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Fell down steps at home

25D INJ. AT WORK (SPECIFY YES OR NO): No

25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Residence

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 2151 Kiln St., Klamath Falls, Klamath, Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-197 REV. 12-85

Ref: C.H. Fitzsimmons
2151 Kiln St.
City -

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 Katherine E. Cranmer Deputy Registrar

Date Dec 16, 1985

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of December A.D., 19 85 at 11:56 o'clock A M., and duly recorded in Vol. M85 of Deeds on Page 19994 the 9th day

FEE $5.00

Evelyn Biehn County Clerk

By Pam Smith