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

Vol. M86 Page 2132

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number 527

CERTIFICATE OF DEATH

State File Number

DECEDENT

1 DECEASED—NAME: First IRENE Middle VERA Last THEXTON

2 DATE OF DEATH (month, day, year): December 18, 1985

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

4 SEX: Female

5a AGE—Last birthday (years): 70

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): October 11, 1915

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 USA, name country): Iowa

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Ralph

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

13 SOCIAL SECURITY NUMBER: 518 - 14 - 7133

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: 235 N. Alameda 97601

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

16 FATHER—NAME first middle last: William C. DeMent

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

18 INFORMANT—NAME and relationship to deceased: Ralph Thexton / Spouse

DISPOSITION

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

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

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: WARD'S / 1945 Main 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]: [signature] MD

21b DATE SIGNED (Mo., Day, Yr.): December 18, 1985

21c HOUR OF DEATH: 2:00 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): George Zupan, MD / 1905 Main St. / Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 18 1985

22b REGISTRAR [Signature]: [signature]

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) ACUTE RESPIRATORY FAILURE — Interval between onset and death: 7 HOURS

DUE TO, OR AS A CONSEQUENCE OF:

(b) SEVERE END-STAGE COPD — Interval between onset and death: YEARS

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)

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No		M		No	No

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. 12-8

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 [signature] *Deputy Registrar*

Date December 18, 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 February A.D., 19 86 at 2:57 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 2132 the 4th day

FEE $5.00

Evelyn Biehn County Clerk

By Bernetha D. Gilsch