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

Vol. 786

Page

2132

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last IRENE VERA THEXTON		DATE OF DEATH (month, day, year) 2 December 18, 1985	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Female	3 AGE—Last birthday (years) 70	4 Under 1 year Under 1 day 5a mos 5b days 5c hours 5d min
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	6 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Merle West Medical Center		7 DATE OF BIRTH (month, day, year) 6 October 11, 1915
8 STATE OF BIRTH (if not in U.S.A., 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 SOCIAL SECURITY NUMBER 518 - 14 - 7133	13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	14 KIND OF BUSINESS OR INDUSTRY At Home	15 COUNTY OF DEATH Klamath
16 RESIDENCE—STATE Oregon	17 COUNTY Klamath	18 CITY, TOWN, OR LOCATION Klamath Falls	19 STREET AND NUMBER OR R.F.D., ZIP 235 N. Alameda 97601
FATHER—NAME first middle last William C. DeMent		MOTHER—first middle last (Maiden Name) Mary Boosen	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
18 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) George Zupan, MD		19 NAME AND ADDRESS OF FACILITY WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601	
20a (Signature) George Zupan, MD		20b DATE SIGNED (Mo., Day, Yr.) December 18, 1985	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) George Zupan, MD / 1905 Main St. / Klamath Falls, Ore. 97601		21c HOUR OF DEATH 2:00 A.M.	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 18 1985		22b REGISTRAR (Signature) Marian Ackerman	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) ACUTE RESPIRATORY FAILURE (b) SEVERE END-STAGE COPD (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
24 ACCIDENT (Specify Yes or No) No		25 DATE OF INJURY (Mo., Day, Yr.) No	
26a INJURY AT WORK (Specify Yes or No) No		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	
26c DESCRIBE HOW INJURY OCCURRED No		26d LOCATION No	
26e STREET OR R.F.D. NO No		26f CITY OR TOWN No	
26g STATE No		26h WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION

CERTIFIER

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

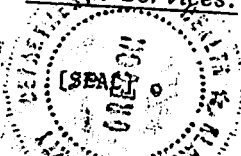
CAUSE OF DEATH

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.



MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, 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 February A.D., 19 86 at 2:57 o'clock P M., and duly recorded in Vol. M86, on Page 2132

FEE \$5.00

By Evelyn Biehn, County Clerk