

DATE OF BIRTH (M./D./Y.) February 17, 1932		COUNTY OF DEATH Klamath	
STATE OF BIRTH (M./D./Y.) Oregon		CITY OF BIRTH (M./D./Y.) U.S.A.	
MARRIAGE RECORD Married		SPOUSE (If Married, Widowed) Allen Evans	
SOCIAL SECURITY NUMBER 541-22-2614		INDUS. OCCUPATION (Give kind of work done during life of working life, even if retired) Homemaker	
BUSINESS OR INDUSTRY Homemaking		WAS DECEASED EVER IN U.S. ARMY OR NAVY (Specify Year)	
RESIDENCE STATE Oregon		COUNTY Klamath	
CITY/TOWN OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D., ZIP 5097 Laurelwood 97601	
INSIDE CITY LIMITS (Specify Yes or No) No			
FATHER—NAME (first, middle, last) Richard O. Donovan		MOTHER—(Maiden Name) (first, middle, last) Goldie Anna Heart	
DECEASED—NAME and relationship to deceased Allen Evans - Husband			
BURIAL, CREMATION, OR OTHER FINAL DISPOSITION (Specify) Burial		CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
LOCATION—city or town, state Klamath Falls, Oregon			
DECEASED'S LICENSES (If Person Acting As Such, NAME AND ADDRESS OF FACILITY) Thomas E. Klump WARD'S - 1945 Main - Klamath Falls, Ore. 97601			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE (M./D./Y.) Thomas E. Klump 21a (Signature) 21b (Date) 21c (Time)		DATE SIGNED (M./D./Y.) 7/6/81 HOUR OF DEATH About 8:00 A.M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) Thomas E. Klump, MD / 2600 Glover / Klamath Falls, Oregon / 97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (M./D./Y.) JUL 7 1981		REGISTRAR Marian Ackerman	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) CARDIAC FAILURE (b) MYOCARDIAL ISCHEMIA (c) PARTIAL CORONARY ARTERY OCCLUSION		Interval between onset and death Now ? ?	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (M./D./Y.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE

HS-2 (Rev. 1/80)

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 JUL 7 1981

VOID IF ALTERED