Vol. M86 Page 5542

'86 APR 3 PM 2 36

07736
ID TAG NO.

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

CERTIFICATE OF DEATH

Local File Number: 111

State File Number:

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

1 DECEDENT'S NAME — First: Leva	Middle: Hazel	Last: WILKERSON	2 DATE OF DEATH (month, day, year): March 18, 1986	
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Female	5a AGE—Last Birthday (years): 85	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.
6 DATE OF BIRTH (month, day, year): September 2, 1900				
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Klamath Co. Convalescent Center	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient	7d COUNTY OF DEATH: Klamath	
8 STATE OF BIRTH (If not in U.S.A., name country): Indiana	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	11 SPOUSE (IF MARRIED, WIDOWED): Lloyd C. Moore	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 356-10-9383	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor	14b KIND OF BUSINESS OR INDUSTRY: Tailoring/Seamstress		
15a RESIDENCE — STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D.: 1804 Carlson Dr. ZIP 97603	15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Charles - Barksdale	17 MOTHER — first middle last (Maiden Name): Edna - Farrell	18 INFORMANT — NAME and relationship to deceased: June Reukema, Daughter		

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Maus./Removal	19b CEMETERY OR CREMATORY — NAME: Green Hills Memorial Park Mausoleum	19c LOCATION city or town state: San Pedro, California	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,		

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

X To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature) [signature] M.D. | 21b DATE SIGNED (Mo., Day, Year): 3-19-86 | 21c HOUR OF DEATH: 10:20 P. M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Gerald R. Hartmann, M.D., 2604 Clover St., Klamath Falls, Ore. 97601 ZIP:

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): March 19, 1986	22b REGISTRAR (Signature): Barbara E. Cramik

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) Ruptured cerebral aneurysm — Interval between onset and death: ~10 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) —

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	25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
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	

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐

WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-

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 Barbara E. Cramik *Deputy Registrar*

Date March 19, 1986

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 _____ the 3rd day of April A.D., 19 86 at 2:36 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 5542.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Rat: June Reukema 1804 Carlson Dr., Klamath Falls, Oregon 97603