

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

DISPOSITION

1
2
3

CERTIFIER

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

CAUSE OF DEATH

4
5
6

B-2551
ID TAG NO. 258
Local File Number

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

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CERTIFICATE OF DEATH

DECEASED - NAME: Margaret Ellen HARRISON
DATE OF DEATH (month, day, year): July 6, 1986
STATE FILE NUMBER: 2

RACE: White
SEX: Female
AGE: 76
DATE OF BIRTH (month, day, year): August 14, 1909

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
HOSPITAL OR OTHER INSTITUTION - NAME: Merle West Medical Center
IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify): Inpatient
COUNTY OF DEATH: Klamath

STATE OF BIRTH (if not in U.S.A., name country): Iowa
CITIZEN OF WHAT COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
SPOUSE (IF MARRIED, WIDOWED): Harold W. Harrison
WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

SOCIAL SECURITY NUMBER: 516-24-4189
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
KIND OF BUSINESS OR INDUSTRY: Own Home

RESIDENCE - STATE: Oregon
COUNTY: Klamath
CITY, TOWN OR LOCATION: Keno
STREET AND NUMBER OR R.F.D.: Clover Creek Road
ZIP: 97627
Inside City Limits (specify yes or no): No

FATHER - NAME: Charles - Long
MOTHER - first middle last (Maiden Name): Anie - Allison
INFORMANT - NAME and relationship to deceased: Harold W. Harrison, husband

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
CEMETERY OR CREMATORY - NAME: Klamath Cremation Service
LOCATION: city or town state: Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE or person acting as such (Signature): Merril Reid
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature): Blake Berven, M.D.
DATE SIGNED (Mo., Day, Year): July 7, 1986
HOUR OF DEATH: 1:50 P.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21b July 7, 1986
21c 1:50 P.
21d Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21f

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): July 8, 1986
REGISTRAR: [Signature]
22a IMMEDIATE CAUSE: [Signature]
22b (Signature): [Signature]

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Acute myocardial infarction
(b) DUE TO, OR AS A CONSEQUENCE OF: Encephalized atherosclerosis
(c) DUE TO, OR AS A CONSEQUENCE OF: Diabetes mellitus

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Longstanding hypertension, old CVA
AUTOPSY (Specify Yes or No): No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

ACCIDENT (Specify Yes or No): No
DATE OF INJURY (Mo., Day, Year):
HOUR OF INJURY:
DESCRIBE HOW INJURY OCCURRED:
24
25

INJURY AT WORK (Specify Yes or No):
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
LOCATION: STREET OR R.F.D. NO.: CITY OR TOWN: STATE:
26a
26b
26c
26d
26e
26f
26g

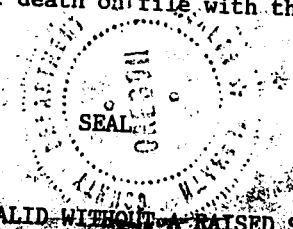
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐
WAS GIFT MADE? YES ☐ NO ☒ N/A ☐
RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-8

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 [Signature], Deputy Registrar
Date July 8, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____
of _____ July _____ A.D., 19 86 at 3:14 o'clock P. M., and duly recorded in Vol. M86
of Deeds _____ on Page 11963

FEE \$5.00
By Evelyn Biehn County Clerk
By Bernetha A. Heloch