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

CERTIFICATE OF DEATH

Local File Number: 326

State File Number:

DECEASED — NAME (1) First: Georgia Middle: Marie Last: BAGETT

(2) DATE OF DEATH (month, day, year): August 19, 1986

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

(4) SEX: Female

(5a) AGE — Last birthday (years): 84

(5b) Under 1 year: mos. / days

(5c) Under 1 day: hours / min.

(6) DATE OF BIRTH (month, day, year): March 6, 1902

(7a) CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

(7b) HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Mtn View Care 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 U.S.A., name country): Colorado

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

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

(11) SPOUSE (IF MARRIED, WIDOWED): Henry Bagett

(12) WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

(13) SOCIAL SECURITY NUMBER: 541-64-1027

(14a) USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

(14b) KIND OF BUSINESS OR INDUSTRY: Homemaking

(15a) RESIDENCE — STATE: Oregon

(15b) COUNTY: Klamath

(15c) CITY, TOWN OR LOCATION: Klamath Falls

(15d) STREET AND NUMBER OR R.F.D.: 4202 Gary Street ZIP: 97603

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

(16) FATHER — NAME first middle last: Dana Stanley Root

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

(18) INFORMANT — NAME and relationship to deceased: Henry Bagett, husband

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

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

(19c) LOCATION city or town state: Klamath Falls, Oregon 97601

(20a) FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F. Davenport

(20b) NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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): Everett E. Howard

(21b) DATE SIGNED (Mo., Day, Year): August 19, 1986

(21c) HOUR OF DEATH: 1:12 A M

(21d) NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon ZIP: 97601

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

(22a) DATE RECEIVED BY REGISTRAR (Mo., Day, Year): AUG 19 1986

(22b) REGISTRAR (Signature): Darlene E. Cravens

PART I — (23) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

(a) CEREBRAL HEMORRHAGE ACCIDENT — Interval between onset and death: Hours

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

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).

(24) AUTOPSY (Specify Yes or No): No

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

(26a) ACCIDENT (Specify Yes or No): 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): 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. 1-86

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 Darlene E. Cravens, Deputy Registrar

Date August 19, 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 _____ the 21st day of August A.D., 19 86 at 11:16 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 15041.

Evelyn Biehn, County Clerk

By _____

FEE $5.00

Return: Henry Bagett 4202 Gary St., Klamath Falls, Ore. 97603