CERTIFICATION OF VITAL RECORD

66549 K-38976

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M86 Page 17735

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

80-020394

466 -1

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED NAME — First: GERALDINE Middle: GRACE Last: CHILCOTE

2 DATE OF BIRTH (month, day, year): December 19, 1980

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

4 SEX: Female

5a AGE — Last Birthday (years): 55

5b Under 1 year: months / days

5c Under 1 day: hours / minutes

6 DATE OF DEATH (month, day, year): November 10, 1925

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): West Med. Center

7c If HOSP OR INS: Inpatient (Emergency, Room, Inpatient (Specify))

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania

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

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

11 SPOUSE (IF MARRIED, WIDOWED): George

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 210 - 12 - 5615

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if not now): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Domestic

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4421 Onyx Street 97601

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

16 FATHER — NAME (First, middle, last): David Witters

17 MOTHER — Maiden name (First, middle, last): Mary Plasterer

18a BURIAL, CREMATION, REMOVAL, RAIL (Specify): Burial

18b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

19 INFORMANT — NAME and relationship to deceased: George Chilcote / Husband

20a FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: ARD'S / 1945 Main / Klamath Falls, Oregon 97601

20c LOCATION (City or town, state): Klamath Falls, Oregon

DISPOSITION

1 ____
2 ____
3 ____

CERTIFIER

To be Completed by Certifying Physician Only

21a (Signature): [signature]

21b DATE SIGNED (Mo., Day, Yr.): [illegible]

21c HOUR OF DEATH: 7:50 P.M.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Raymond S. Tice, MD / 905 Main, Suite 309 / Klamath Falls, Oregon

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 23 1980

22b REGISTRAR (Signature): Claudia Francis

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)) — Interval between onset and death

PART I (a) Cardiomyopathy (heart) — 4 years

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, Yr.)

26c HOUR OF INJURY

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

RESERVED FOR REGISTRAR'S USE

HS-4 Rev 1-80

'86 SEP 30 AM 11 30

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED SEP 26 1986

JOSEPH D. CARNEY
STATE REGISTRAR

NOT A CERTIFICATION OF BIRTH OR IDENTITY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of September A.D., 19 86 at 11:30 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 17735 the 30th day

FEE $5.00

Return: K.C.T.C.

Evelyn Biehn, County Clerk
By [signature]