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

CERTIFICATE OF DEATH

State File Number

ID TAG NO. 162

Local 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

DECEASED — NAME (First) FERN (Middle) TAMMA (Last) HANSON			DATE OF DEATH (month, day, year) 2 April 29, 19
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Female	AGE — Last birthday (years) 5a 66 / Under 1 year: mos. 5b / days 5b / Under 1 day: hours 5c / min. 5c	DATE OF BIRTH (month, day, year) 6 March 15, 19
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 7b Merle West Medical Center	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) 7c Inpatient	COUNTY OF DEATH 7d Klamat
STATE OF BIRTH (If not in U.S.A. name country) 8 Wisconsin	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Herbert H.	WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) 12
SOCIAL SECURITY NUMBER 13 397 - 01 - 8361	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b At Hom	
RESIDENCE — STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D. 15d 319 Martin St. ZIP 97601	Inside City L (specify yes 15e Ye
FATHER — NAME first middle last 16 John W. Franks	MOTHER — first middle last (Maiden Name) 17 Ada Strait	INFORMANT — NAME and relationship to deceased 18 Herbert H. Hanson / Husb	

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY — NAME 19b Eternal Hills Memorial Gardens	LOCATION city or town state 19c Klamath Falls, Or	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) 20a James K. Tidd	NAME AND ADDRESS OF FACILITY 20b WARD'S - 1945 Main - Klamath Falls, Ore. - 9760		

CERTIFIER

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) David Reeder, M.D.	DATE SIGNED (Mo., Day, Year) 21b 4-30-86	HOUR OF DEATH 21c 4:02 P M
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d David Reeder, MD / 2301 Mt. View Blvd. / Klamath Falls, Ore. / 9760 ZIP		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		

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

CAUSE OF DEATH

DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a MAY 2 1986	REGISTRAR 22b (Signature) Lorraine E. Coumbs	

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

(a) RESPIRATORY FAILURE		Interval between onset and d WEEKS
DUE TO, OR AS A CONSEQUENCE OF: (b) EMPHYSEMA		Interval between onset and d YEARS
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and d

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

				AUTOPSY (Specify Yes or No) 24 No	WAS MEDICAL EXAMINER NOTI (Specify Yes or No) 25 N
ACCIDENT (Specify Yes or No) 26a No	DATE OF INJURY (Mo., Day, Year) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 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

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 Lorraine E. Coumbs *Deputy Registrar*

Date May 6, 1986

VOID IF ALTERED

[SEAL]

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 13th day of November A.D., 19 86 at 9:38 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 20555.

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Herbert H. Hanson 319 Martin St. Klamath Falls, Oregon 97601