

A 1423
ID TAG NO.
533

STATE OF OREGON
DEPARTMENT OF HEALTH DIVISION
Vital Records Unit

Vol. 182 E Page 1

CERTIFICATE OF DEATH

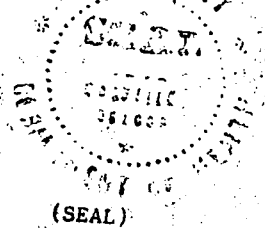
DECEASED - NAME First Middle Last HELEN MARIE INGRAM		State File Number	
RACE (Specify) White		DATE OF DEATH (month, day, year) December 2, 1986	
SEX Female		DATE OF BIRTH (month, day, year) July 25, 1911	
CITY, TOWN OR LOCATION OF DEATH Bandon		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Southern Coos General Hospital	
STATE OF BIRTH (If not in U.S.A., name country) Oregon		CITIZEN OF WHAT COUNTRY USA	
SOCIAL SECURITY NUMBER 540-22-9648		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
RESIDENCE - STATE Oregon		KIND OF BUSINESS OR INDUSTRY Own Home	
COUNTY Coos		CITY, TOWN OR LOCATION Bandon	
FATHER - NAME First middle last C. Claude Jones		MOTHER - NAME First middle last Ada Hartley	
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify) Cremation		CEMETERY OR CREMATORY - NAME Litty Funeral Directors Crematorium	
FUNERAL SERVICE LICENSEE acting as such (Signature) <i>Charles D. Smith</i>		NAME AND ADDRESS OF FACILITY 20b Amling-Schroeder F.S., POB 363, Bandon, OR 97411	
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) <i>John E. Abbott MD</i>		DATE SIGNED (Mo., Day, Year) Dec 4, 1986	
21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) John E. Abbott MD PO Box 9 Bandon Oregon 97411		21c HOUR OF DEATH 2:00 P.M.	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NA		21e ZIP 97411	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) December 5, 1986		22b REGISTRAR (Signature) Connie K. Church	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a) Cardio Respiratory Failure (b) Advanced Obstructive Pulmonary Disease, Arteriosclerosis Heart (c) Disease, Valvular Heart Disease, Advanced Coronary Heart Failure Interval between onset and death 10 hrs			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Severe Peripheral Vascular and Arteriosclerosis Interval between onset and death NA			
24a ACCIDENT (Specify Yes or No) NO		24b DATE OF INJURY (Mo., Day, Year) NO	
24c HOUR OF INJURY NO		24d DESCRIBE HOW INJURY OCCURRED NO	
25a INJURY AT WORK (Specify Yes or No) NO		25b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) NO	
25c LOCATION NO		25d STREET OR R.F.D. NO. NO	
25e CITY OR TOWN NO		25f STATE NO	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
WAS GIFT MADE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			

STATE OF OREGON

County of Coos

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Coos County Department of Health.

NOT VALID WITHOUT RAISED SEAL OF COOS COUNTY HEALTH DEPARTMENT



By Connie K. Church
Date December 5 19 86

VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of January A.D., 19 87 at 11:38 o'clock A M., and duly recorded in Vol. 182 on Page 490

FEE \$5.00 RE: Lona Marie Anderson
805 Vance Dr.
Lander, Wyoming 82520

By Evelyn Biehn, County Clerk