

70788 27 JAN 27 AM 9 27

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

Vol. 187 Page 1282

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED—NAME First Middle Last Lucille Nora GRIFFITH		State File Number	
1 RACE White Black American Indian, etc. (specify) White		2 DATE OF DEATH (month day year) January 19, 1986	
3 SEX Male Female Female		4 AGE —Last birthday (years) 74	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 DATE OF BIRTH (month day year) March 11, 1911	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in entry, give street and number) 5570 Tingley Lane		7b IF HOSP OR INST indicate DOA OP—Emet. Am. Inpatient (Specify) 7c	
8 STATE OF BIRTH (if not in U.S.A. name country) Oregon		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED WIDOWED) Russel Griffith	
12 SOCIAL SECURITY NUMBER 542-78-8954		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker	
14a KIND OF BUSINESS OR INDUSTRY Own Home		14b	
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath	
15c CITY, TOWN, OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D., ZIP 5570 Tingley Lane 97603	
16 FATHER—NAME first middle last John - McGee		17 MOTHER—first middle last Nellie Z. Bunch	
18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		19a CEMETERY OR CREMATORY—NAME Klamath Memorial Park	
19b LOCATION city or town state Klamath Falls, Ore.		19c	
20a FUNERAL SERVICE LICENSEE OR PERSON TO AS SUCH (Signature) <i>[Signature]</i>		20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) <i>[Signature]</i> M.D.		21b DATE SIGNED (Mo. Day Yr.) 1-20-86	
21c HOUR OF DEATH 4:30 P.		21d	
22a NAME AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Ore. 97601		22b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
23a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) JAN 21 1986		23b REGISTRAR (Signature) <i>[Signature]</i>	
24 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) 1. 2. 3. 1. 2. 3.		25 INTERVAL BETWEEN ONSET AND DEATH 1. 2. 3.	
26 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) ACCIDENT (Specify Yes or No) DATE OF INJURY (Mo. Day Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED		27 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
28a INJURY AT WORK (Specify Yes or No)		28b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28c LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE		28d	
28e RESERVED FOR REGISTRAR'S USE		28f	

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 12-83

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 RegistrarDate **JAN 21 1986**

VOID IF ALTERED

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 **27th** day
of **January** A.D., **1987** at **9:27** o'clock **A** M., and duly recorded in Vol. **187**
of **Deeds** on Page **1282**

FEE \$5.00

Evelyn Biehn, County Clerk

By *[Signature]*

Ret: Boivin & Uerlings, P.C. 110 N. 6th St., #209, Klamath Falls, Oregon 97601