

B 2932
ID TAG NO.

41

Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
SIDENCE ITEMS

POSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH4
5
650%
Cash

DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1		Ralph	Emerson	EDWARDS	2 January 25, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE - Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Male	5a 73		6 March 12, 1913	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HOSP OR INST. Indicate DOA, OP, Emer Rm., Inpatient (specify)		COUNTY OF DEATH
7a Klamath Falls		7b 3113 Bristol Avenue, Space #11		7c -		7d Klamath
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)
8 Illinois		9 U.S.A.		10 Married		12 NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		
13 343-07-7040		14a Machinist		11 Alice L. Goode		
RESIDENCE - STATE		COUNTY		KIND OF BUSINESS OR INDUSTRY		
15a Oregon		15b Klamath		14b Covina Valley School District		
FATHER - NAME first middle last		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP
16 John F. Edwards		15c Klamath Falls		15d 3113 Bristol Avenue, Sp#11		97603
MOTHER - first middle last (Maiden Name)		15e Klamath Falls, Oregon 97603		15f No		
17 Mary Esleie Couch		15g Klamath Falls, Oregon 97603		15h No		
18 Alice L. Edwards, wife		15i No		15j No		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state		
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon 97603		
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH
20a William F. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		21b January 26, 1987		21c 9:30 P.M.
21a (Signature)		NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21d F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon		ZIP 97601
21e		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR		22a January 27, 1987		22b (Signature) Katherine E. Cramer
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		INTERVAL BETWEEN ONSET AND DEATH				
(a) Liver Failure		4 mo.				
(b) Liver Abscesses - Fungal		1 yr.				
(c) Leukemia - Acute Myelogenous		7 yrs				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
24 No		25 No				
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
26a No		26b		26c		26d
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO CITY OR TOWN STATE
26e No		26f		26g		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?				
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>				
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-86

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.



MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cramer Deputy Registrar

Date January 27, 1987

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 28th day
of January A.D., 19 87 at 12:50 o'clock P.M., and duly recorded in Vol. M87
of Deeds on Page 1420.

FEE \$5.00

Evelyn Biehn, County Clerk

By

Ret: Alice Edwards 3113 Bristol Ave. #11, Klamath Falls, Oregon 97603