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

Vol. M87 Page 1850

ID TAG NO.

493

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
AMIE		JEAN		MILLARD				December 30, 1986	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
Black		Female		5a 69		5b mos. days		5c hours min	
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			
Klamath Falls		Merle West Medical Center		7c Emer. Room		Klamath			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
Arkansas		U.S.A.		10 Widowed		11 Claud		12 NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		Private Home			
13 541 - 28 - 9400		14a Domestic - Retired		14b					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Klamath Falls		632 Broad St.		97601	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased		LOCATION city or town state		19c Klamath Falls, Or.	
16 Tevies Jones		17 Gillie Yorber		18 Betty Henderson / Daughter					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Or.					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		WARD'S - 1945 Main - Klamath Falls, Or. - 97601					
20a		20b		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
				21b 12/31/86		21c 7:00 A M			
21a (Signature)		NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21d R. Rand Hale, MD / 2584 Campus Drive / Klamath Falls, Oregon / 97601					
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR					
22a January 5, 1987		22b (Signature)		22c					
23		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death					
(a)		Myocardial infarction		1 hour					
(b)		Arteriosclerotic cardiovascular disease		Interval between onset and death					
(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)		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 M		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		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?		YES		NO		N/A	
YES		NO		N/A					
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

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 Marian E. Ackerman, Deputy RegistrarDate January 16, 1987

VOID IF ENTERED

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 4th day
of February A.D., 19 87 at 4:25 o'clock P M., and duly recorded in Vol. M87,
of Deeds on Page 1850.

FEE \$5.00

Ret: Betty Henderson 2453 Applegate Klamath Falls, Oregon 97601

Evelyn Biehn, County Clerk
By Marian E. Ackerman