

71443 '87 FEB 17 AM 9 56

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

Vol. 1187 Page 2448

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
TRANSMISSION
SEE
HANDBOOK

CEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
E. HANDBOOK
E. (WARNING
WITH TION OF
18 N-1 ITEMS

POSITION

ARTIFIER

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

USE OF DEATH

DECEASED—NAME First Middle Last MARGARET RAY PRIME		DATE OF DEATH (month, day, year) August 09, 1984	
RACE White, Black, American Indian, etc. (Specify) White	SEX Female	AGE—Last birthday (years) 64	DATE OF BIRTH (month, day, year) April 11, 1920
CITY, TOWN OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center	IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) Inpatient	COUNTY OF DEATH Klamath
STATE OF BIRTH (If not in U.S.A. name country) Washington	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SPOUSE (IF MARRIED, WIDOWED) John
SOCIAL SECURITY NUMBER 722 / 10 / 1924	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTRY At Home	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 4505 Thompson Ave 97603
FATHER—NAME first middle last Charles Clark	MOTHER—first middle last (Maiden Name) Ruth Rea	INFORMANT—NAME and relationship to deceased Don Keller - Son/In/Law	
BURIAL, CREMATION, REMOVAL, MAUS, (Specify) Burial	CEMETERY OR CREMATORY—NAME Klamath Memorial Park	LOCATION city or town state Klamath Falls, Or	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>James F. Novak</i>	NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Ore. 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>James F. Novak</i>		DATE SIGNED (Mo., Day, Yr.) 8-11-84	HOUR OF DEATH 4:30 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d James F. Novak, MD / 1905 Main / Klamath Falls, Oregon / 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 13 1984		REGISTRAR 22b (Signature) <i>William E. Counts</i>	
IMMEDIATE CAUSE PART I (a) RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF: (b) HYPOXIA DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic Obstructive Pulmonary disease		Interval between onset and death Minutes 4d 15yrs	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Congestive Failure, Myocardial Infarct		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Mo., Day, Yr.) 26b	
HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26a		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	
LOCATION 26g		STREET OR R.F.D. NO CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE			

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 *William E. Counts*, Deputy Registrar
Date AUG 13 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day
of February A.D., 19 87 at 9:56 o'clock A.M., and duly recorded in Vol. M87,
of Deeds on Page 2448.

FEE

\$5.00

Return: Donald & Joan Keller 2382 Baggett Dr., Santa Rosa, California 95401

Evelyn Biehn, County Clerk
By *Don Smith*

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

Local File Number: 02405
ID TAG NO: 53

State File Number: 2449

CERTIFICATE OF DEATH

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1. JOHN		DANIEL		PRIME				2. February 3, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3. White		4. Male		5a. 72		5b. 72		6. March 27, 1914	
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/Emor. Am. Inpatient (specify)		COUNTY OF DEATH	
7. Klamath Falls		7b. Merle West Medical Center				7c. Inpatient		7d. 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)	
8. Oregon		9. U.S.A.		10. Widowed		11. Margaret		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			
13. 543-01-8856		14a. Mill Worker - Ret.				14b. Lumber Mill			
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a. Oregon		15b. Klamath		15c. Klamath falls		15d. 4505 Thompson		15e. 97603	
FATHER - NAME first middle last		MOTHER - first middle last		(Maiden Name)		INFORMANT - NAME and relationship to deceased			
16. James Prime		17. Coral White				18. Joan Keller - Daughter			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME				LOCATION city or town state			
19a. Burial		19b. Klamath Memorial Park				19c. Klamath Falls, Ore.			
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a. Jim Lancaster		20b. Ward's Funeral Home / 1945 Main St. / Klamath Falls, Ore.							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Year)				HOUR OF DEATH			
21a. (Signature) James Novak		21b. February 9, 1987				21c. 8:30 P.M.			
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP							
21d. James Novak, MD		21e. 1905 Main St. - Klamath Falls, Ore. 97601							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a. February 9, 1987		22b. (Signature) Marian Ackerman							
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death							
PART I (a) Respiratory FAILURE		Interval between onset and death				6 Hrs			
(b) Severe Chronic Obstructive pulmonary disease		Interval between onset and death				15 yrs			
(c) 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)			
PART II		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. No		26c. No		26d. No			
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. No		26g. No		26h. No		26i. No	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

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 Ackerman, Deputy Registrar

Date February 9, 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 17th day
of February A.D., 19 87 at 9:56 o'clock A M., and duly recorded in Vol. M87
of Deeds on Page 2449

FEE \$5.00

Return: Donald & Joan Keller

2382 Baggett Dr., Santa Rosa, California 95401

Evelyn Biehn, County Clerk
By Evelyn Biehn