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

504
Local File Number

# CERTIFICATE OF DEATH

State File Number

**DECEASED—NAME** (1) First: ELSIE Middle: VIRGINIA Last: WARD

(2) DATE OF DEATH (month, day, year): November 26, 1985

RACE (White, Black, American Indian, etc. (Specify)) (3): White

SEX (4): Female

AGE—Last Birthday (years) (5a): 65 | Under 1 year: mos (5b) days | Under 1 day: hours (5c) min

(6) DATE OF BIRTH (month, day, year): October 24, 1920

CITY, TOWN OR LOCATION OF DEATH (7a): Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) (7b): Merle West Medical Center

IF HOSP OR INST, Indicate DOA, OP, Emer., Rm, Inpatient (Specify) (7c): Inpatient

COUNTY OF DEATH (7d): Klamath

STATE OF BIRTH (If not in U.S.A. name country) (8): Idaho

CITIZEN OF WHAT COUNTRY (9): U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (10): Married

SPOUSE (IF MARRIED, WIDOWED) (11): Richard

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (12): No

SOCIAL SECURITY NUMBER (13): 542 - 44 - 2797

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (14a): Housewife

KIND OF BUSINESS OR INDUSTRY (14b): At Home

RESIDENCE—STATE (15a): Oregon

COUNTY (15b): Klamath

CITY, TOWN, OR LOCATION (15c): Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP (15d): 3032 Bisbee 97603

Inside City Limits (specify yes or no) (15e): No

FATHER—NAME first middle last (16): James A. Tucker

MOTHER—first middle last (Maiden Name) (17): Elsie Mabel Savage

INFORMANT—NAME and relationship to deceased (18): Richard Ward / Husband

BURIAL, CREMATION, REMOVAL, MAUS. (Specify) (19a): Burial

CEMETERY OR CREMATORY—NAME (19b): Eternal Hills Memorial Gardens

LOCATION City or Town, State (19c): Klamath Falls, Ore.

FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) (20a): James L. Cloud

NAME AND ADDRESS OF FACILITY (20b): WARD'S - 1945 Main - Klamath Falls, Ore - 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a (Signature): Blake Berven MD

DATE SIGNED (Mo., Day, Yr.) (21b): December 2,1985

HOUR OF DEATH (21c): 1:40 PM

NAME AND ADDRESS OF CERTIFIER (Type or Print) (21d): Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) (21e):

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) (22a): December 2, 1985

REGISTRAR (22b) (Signature): Kathleen E. Cravens

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Cardiogenic Shock — Interval between onset and death: 5 min
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic breast Ca, possible pericardial involvement — Unknown — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Metastatic breast Ca — Interval between onset and death: 2yrs. 6 months.

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

| ACCIDENT (Specify Yes or No) (26a) | DATE OF INJURY (Mo. Day. Yr.) (26b) | HOUR OF INJURY (26c) | DESCRIBE HOW INJURY OCCURRED (26d) | AUTOPSY (Specify Yes or No) (24) | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) (25) |
|---|---|---|---|---|---|
| No | | M | | No | No |

INJURY AT WORK (Specify Yes or No) (26e)

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

452 REV 1283

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.*

[SEAL]

*MARIAN ACKERMAN, Registrar Vital Statistics*

*By* Marian Ackerman *Deputy Registrar*

*Date* DEC 30 1985

*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 Richard Ward the 13th day of March A.D., 19 87 at 4:40 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 4093.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Return: Richard Ward 3032 Bisbee, Klamath Falls, Oregon 97603