

75831

'87 JUN 17 PM 3 02

MTC-18232-L

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

Vol 1487 Page 10487

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

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

DISPOSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH1
2
3
4

DECEASED - NAME First Middle Last ZAN IDA EDWARDS		State File Number	
RACE White (Specify) 3 White		DATE OF DEATH (month, day, year) 2 April 11, 1986	
SEX 4 Female		DATE OF BIRTH (month, day, year) 6 January 19, 1902	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		COUNTY OF DEATH 7d Klamath	
STATE OF BIRTH (if not in U.S.A., name country) 8 Missouri		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
SOCIAL SECURITY NUMBER 13 544 - 24 - 0854		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	
RESIDENCE - STATE 15a Oregon		SPOUSE (IF MARRIED, WIDOWED) 11 Alva	
COUNTY 15b Klamath		KIND OF BUSINESS OR INDUSTRY 14b At Home	
FATHER - NAME first middle last 16 James Vandell		CITY, TOWN OR LOCATION 15d Klamath Falls	
MOTHER - first middle last 17 Sarah Byram		STREET AND NUMBER OR R.F.D. 15d Rt. 3 Box 248	
BURIAL, CREMATION, REMOVAL, MAUS (Specify) 18a Burial		ZIP 97603	
CEMETERY OR CREMATORY - NAME 18b Eternal Hills Memorial Gardens		INFORMANT - NAME and relationship to deceased 18 Alva Edwards / Husband	
FUNERAL SERVICE LICENSEE or person acting as such 19a Jim Lancaster		LOCATION city or town state 19c Klamath Falls, Ore.	
NAME AND ADDRESS OF FACILITY 20 WARD'S Funeral Home/ 1945 Main St./ Klamath Falls, Ore.		DATE SIGNED (Mo., Day, Year) 21b 4/14/86	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21a David C. Seeley, MD - 905 Main st./ Suite 611 - Klamath Falls, Ore.		HOUR OF DEATH 21c 5:05 P. M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a April 16, 1986		REGISTRAR 22b (Signature) - MARIAN ACKERMAN	
IMMEDIATE CAUSE 23a RIGHT VENTRICULAR DUE TO, OR AS A CONSEQUENCE OF: (b) Breast Cancer - metastatic - intraductal		Interval between onset and death 5 days	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) 23b		Interval between onset and death 14 yrs	
ACCIDENT (Specify Yes or No) 24a NO		DATE OF INJURY (Mo., Day, Year) 24b	
HOUR OF INJURY 24c		DESCRIBE HOW INJURY OCCURRED 24d	
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 24e		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 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"/>	

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON
County of KlamathThis certifies that the foregoing is a correct and complete transcript
of the record of death on file with the Klamath County Department of
Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy RegistrarDate April 16, 1986NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT
OF HEALTH SERVICES.RETURN: Alva Edwards, Rt. 3 Box 248
Klamath Falls, Or. 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company
of June A.D., 19 87 at 3:02 o'clock P M., and duly recorded in Vol. M87
of Deeds on Page 10487

FEE \$5.00

By Evelyn Biehn County Clerk