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1b TAG No. A 0621

328
Local File Number

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

# CERTIFICATE OF DEATH
ORS — 146

Vol. M87 Page 13659

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 RESIDENCE ITEMS

1 DECEASED — NAME: First: ROSE; Middle: ELLA; Last: NASH

2 DATE OF DEATH (month, day, year): August 19, 1986

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

4 SEX: Female

5a AGE — Last birthday (years): 91

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): December 7, 1894

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

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

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): William E.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 541 - 78 - 0970

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

14b KIND OF BUSINESS OR INDUSTRY: At Home

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4533 Shasta Way ZIP 97603

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

16 FATHER — NAME first middle last: Wilhelm J. Henke

17 MOTHER — first middle last (Maiden Name): Catherine J. Smith

18 INFORMANT — NAME and relationship to deceased: John Nash / Son

**DISPOSITION**

1 ____
2 ____
3 ____

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

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

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster

20 NAME AND ADDRESS OF FACILITY: WARD'S Klamath Funeral Home / 1945 Main St./ K.Falls, Ore.

**CERTIFIER**

MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT.

21a DEATH OCCURRED (Hour): 10:30 P. M

21b THE DECEASED WAS PRONOUNCED DEAD Month Aug. Day 19, Year 1986 Hour 10:30 P. M

21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): Robert Jamison

21e NAME AND TITLE — (Type or Print): Robert Jamison, MD

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): 8/21/86

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): AUG 21 1986

22b REGISTRAR (Signature): Marian Ackerman

**CAUSE OF DEATH**

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

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

PART I

(a) Arteriosclerotic Heart Disease — Interval between onset and death: years

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(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): Fracture right hip

4 ____
5 ____
6 ____

25a DATE OF INJURY (Month, Day, Year): Found Aug 15 1986

25b HOUR: ?

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Found on Floor at home with hip fracture (Age ?)

24 AUTOPSY (Specify Yes or No): No

25d INJ AT WORK (Specify Yes or No): No

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): Home

25f LOCATION (Street or R.F.D. No., City or Town, County, State): 4533 Shasta Way, Klamath Falls, Klamath, OR

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ "not available"

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-107 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.

RP ATC

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Regisrtar

Date AUG 21 1986

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 Aspen Title Company of July A.D., 19 87 at 4:01 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 13659.

FEE $5.00

Evelyn Biehn, County Clerk

By _____