

DECEASED - NAME First Middle Last
1 **Rose Marie WARNER** State File Number
2 **November 19, 1986** DATE OF DEATH (month, day, year)
3 **White** RACE White, Black, American Indian, etc. (specify)
4 **Female** SEX
5a **74** AGE - Last (birth day) (years) 55 60 65 70 75 80 85 90 95 100
5b **74** Under 1 year Under 1 day Under 1 hour Under 1 minute
6 **Klamath Falls** CITY, TOWN OR LOCATION OF DEATH
7a **Klamath Falls** HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)
7b **3640 Emerald St.** IF HOSP OR INST. Indicate DOA, OP/Emr. Rm., Inpatient (specify)
7c **3640 Emerald St.** COUNTY OF DEATH
8 **Oregon** STATE OF BIRTH (If not in U.S.A.)
9 **U.S.A.** CITIZEN OF WHAT COUNTRY
10 **Widowed** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
11 **Fred Allen Warner** SPOUSE (If MARRIED, WIDOWED)
12 **No** WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify year or no)
13 **1540-18-0857** SOCIAL SECURITY NUMBER
14a **Homemaker** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14b **Own Home** KIND OF BUSINESS OR INDUSTRY
15a **Oregon** RESIDENCE - STATE
15b **Klamath** COUNTY
15c **Klamath Falls** CITY, TOWN OR LOCATION
15d **3640 Emerald St.** STREET AND NUMBER OR R.F.D. ZIP **97603** Inside City Limits (specify year or no)
16 **James V. Cole** FATHER - NAME first middle last
17 **Dora** MOTHER - first middle last (Maiden Name)
18 **Leo Heavilin & Larry Warner,** INFORMANT - NAME and relationship to deceased
19a **Burial** BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify)
19b **Mt. Calvary Cemetery** CEMETERY OR CREMATORY - NAME
19c **Klamath Falls, Ore.** LOCATION city or town state
20a **Robert E. Jamison** FUNERAL SERVICE LICENSEE or person acting as such (Signature)
20b **Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.** NAME AND ADDRESS OF FACILITY
21 **Robert E. Jamison, M.D.** CERTIFIER (Signature) MEDICAL EXAMINER
22 **Klamath** MEDICAL EXAMINER For: County
23 **November 19, 1986** DATE RECEIVED BY REGISTRAR (Mo., Day, Year)
24 **November 19, 1986** REGISTRAR (Signature)
25 **Undetermined Natural Causes** IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
26 **November 14, 1986** DATE OF INJURY (Month, Day, Year) HOUR
27 **Fell on concrete steps of residence** HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)
28 **Own Home** PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
29 **3640 Emerald St., Klamath Falls, Ore. 97601** LOCATION (Street or R.F.D. No., City or Town, County, State)
30 **NO** DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?
31 **NO** WAS GIFT MADE?
32 **NO** 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 **Robert E. Jamison**, Deputy Registrar
Date **November 20, 1986**
VOID IF ALTERED
NOT VALID WITHOUT A DATED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of **Crane & Bailey, Attorneys**
of **September** A.D., 19 **87** at **4:32** o'clock **P.M.**, and duly recorded in Vol. **M87**
of **Deeds** on Page **17592**
FEE \$5.00
By **Evelyn Biehn** County Clerk
By **Bernetha J. Jotisch**