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

33249 ID TAG NO.
374 Local File Number

CERTIFICATE OF DEATH

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: Emma; Middle: Margaret; Last: COX
2 DATE OF DEATH (month, day, year): October 6, 1987
3 RACE White, Black, American Indian, etc. (specify): White
4 SEX: Female
5a AGE — Last birthday (years): 81
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): August 7, 1906
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 3433 Anderson Avenue
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): —
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Missouri
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11 SPOUSE (IF MARRIED, WIDOWED): Johnny R.
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 520-09-8184
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14b KIND OF BUSINESS OR INDUSTRY: Homemaking
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 3433 Anderson Avenue
ZIP: 97603
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Stephen W. Spencer
17 MOTHER — first middle last (Maiden Name): Mary Ann Kennedy
18 INFORMANT — NAME and relationship to deceased: David Spencer, nephew

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park
19c LOCATION city or town state: Klamath Falls, Oregon 9760
20a FUNERAL SERVICE LICENSEE or PERSON acting as such (Signature): William F. Davenport
20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

TO BE COMPLETED BY PHYSICIAN OR OTHER CERTIFIER ONLY

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature): Craig C Bennett MD
21b DATE SIGNED (Mo., Day, Year): October 6, 1987
21c HOUR OF DEATH: 2:00 AM
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Craig C. Bennett, MD, 1905 Main Street, Klamath Falls, Oregon ZIP: 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 6 1987
22b REGISTRAR (Signature): Michelle Ratliff

CAUSE OF DEATH

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

PART I
23 (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).): Pulmonary Embolism — Interval between onset and death: 4-5 days
(b) DUE TO, OR AS A CONSEQUENCE OF: Recent Leg Fracture (s/p surgical repair) — Interval between onset and death: 3 months
(c) DUE TO, OR AS A CONSEQUENCE OF: Chronic Illness & general deterioration — Interval between onset and death: years

PART II 24 OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).
AUTOPSY (Specify Yes or No) 24: No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25: Yes

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Year)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No): No
26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION — STREET OR R.F.D. NO. CITY OR TOWN STATE

27 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

43-2 Rev. 6-86

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED OCT 6 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Geraldine Toohey the 8th day of October A.D., 19 87 at 8:35 o'clock A M., and duly recorded in Vol. M 87, of Deeds on Page 18299.

Evelyn Biehn County Clerk
By Pam Smith

FEE $5.00
Ret: Geraldine Toohey 5470 Franklin Blvd., Eugene, Oregon 97403