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B-3476
ID TAG NO.

434

Local File Number

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

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

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
Lyda Belle HALL					November 7, 1987	
RACE (specify)	SEX	AGE - Last birthday (years)	Under 1 year		Under 1 day	
White	Female	76	mo. days	hours min.	DATE OF BIRTH (month, day, year)	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		IF HOSP. OR INST. Indicate DOA, OP/Emr, Rm., Inpatient (specify)		COUNTY OF DEATH
Klamath Falls		Merle West Medical Center		Inpatient		Klamath
STATE OF BIRTH (if not in U.S. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)		WAS DECEASED EVER IN U.S. ARMED FORCES? (specify yes or no)	
Pennsylvania	U.S.A.	Married	Truman P.		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
173-20-2849		Housewife		Homemaking		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.		ZIP	
Oregon	Klamath	Klamath Falls	3421 Onyx		97603	
FATHER - NAME - first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased		
Hugh - Elkins		Gertrude - Gaskill		Truman P. Hall, husband		
BURIAL, CREMATION, REMOVAL MAUS. (specify)	CEMETERY OR CREMATORY - NAME		LOCATION		City or town state	
Cremation	Eternal Hills Crematory		Klamath Falls, Oregon		97603	
FUNERAL SERVICE LICENSEE or person acting as such (Signature)	NAME AND ADDRESS OF FACILITY		Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo, Day, Year)		HOUR OF DEATH		
21a (Signature) <i>F. Geoffrey Marx</i>		November 9, 1987		11:30 A M		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP				
21a F. Geoffrey Marx, MD, 2611 Clover, Klamath Falls, Oregon		97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21a						
DATE RECEIVED BY REGISTRAR (Mo, Day, Year)		REGISTRAR				
NOV 10 1987		<i>Michelle Bartlett</i>				
22a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death				
(a) Respiratory Failure		1 mo.				
(b) Due to, OR AS A CONSEQUENCE OF, Embolism, Cor Pulmonale		Interval between onset and death				
(c) Due to, OR AS A CONSEQUENCE OF, Perforated Ulcer, Abdominal Infection		5 yes				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
24a NO		No		No		
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo, Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
24a NO	24b	24c	24d			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.		CITY OR TOWN	STATE
24e NO	24f	24g	24h		24i	24j
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?				
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>				
RESERVED FOR REGISTRAR'S USE						

ORIGINAL VITAL STATISTICS COPY

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DATE ISSUED NOV 10 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Truman P. Hall
of November A.D., 19 87, at 12:44 o'clock P M., and duly recorded in Vol. M87
of Deeds on Page 20537

FEE \$5.00

Ret: Truman P. Hall 3421 Onyx

Evelyn Biehn, County Clerk
By *Pam Smith*
Klamath Falls, Oregon 97603