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Vol. M87 Page

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ID TAG NO.

334

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  
HANDBOOKDECEDENT  
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 LASTCAUSE OF  
DEATH

DECEASED - NAME First Middle Last <b>MARILYN LOTS WILLIAMS</b>		DATE OF DEATH (month, day, year) <b>2 September 3, 1987</b>	
RACE White, Black, American Indian, etc. (specify) <b>White</b>	SEX <b>Female</b>	AGE - Last birthday (years) Under 1 year Under 1 day <b>51</b>	DATE OF BIRTH (month, day, year) <b>August 15, 1936</b>
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) <b>Merle West Medical Center</b>	COUNTY OF DEATH <b>Klamath</b>	
STATE OF BIRTH (If not in U.S.A., name country) <b>Kentucky</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	SPOUSE (If married, widowed) <b>Thomas Edward</b>
SOCIAL SECURITY NUMBER <b>404-52-6603</b>	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
RESIDENCE - STATE <b>Oregon</b>	COUNTY <b>Klamath</b>	CITY, TOWN OR LOCATION <b>Klamath Falls</b>	STREET AND NUMBER OR R.F.D. <b>2427 Garden</b>
FATHER - NAME first middle last <b>Essel Ralph Woodring</b>	MOTHER - first middle last (Maiden Name) <b>Bobbie Reid</b>	INFORMANT - NAME and relationship to deceased <b>Thomas E. Williams / Spouse</b>	
BURIAL, CREMATION, REMOVAL, MAUS, (specify) <b>Crementation</b>	CEMETERY OR CREMATORY - NAME <b>Eternal Hills Memorial Gardens</b>	LOCATION city or town state <b>Klamath Falls, Oregon</b>	
FUNERAL SERVICE LICENSEE or person acting as such <b>Jim Lancaster</b>	NAME AND ADDRESS OF FACILITY <b>Ward's Funeral Home / 1945 Main St. / Klamath Falls, Ore.</b>	97601	
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) <b>9-3-87</b>	HOUR OF DEATH <b>1:25 P. M.</b>
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) <b>Kenneth K. Magee, MD - 1905 Main St. - Klamath Falls, Oregon</b>		97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>SEP 4 1987</b>		REGISTRAR <b>Michelle Batloff</b>	
PART I - IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)			
(a) DUE TO, OR AS A CONSEQUENCE OF <b>Cadaveric Arrest</b>		Interval between onset and death <b>minutes</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF <b>Recent Ant-lat Myocardial Infarction</b>		Interval between onset and death <b>2.5</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF <b>Chronic Heart Disease</b>		Interval between onset and death <b>Years</b>	
PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No) <b>No</b>	DATE OF INJURY (Mo., Day, Year) <b>26b</b>	HOUR OF INJURY <b>26c</b>	DESCRIBE HOW INJURY OCCURRED <b>26d</b>
INJURY AT WORK (Specify Yes or No) <b>No</b>	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>26f</b>	LOCATION <b>26g</b>	STREET OR R.F.D. NO. <b>26h</b>
CITY OR TOWN <b>26i</b>		STATE <b>26j</b>	
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"/>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **SEP 8 1987**Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 2nd day  
of December A.D., 19 87 at 8:41 o'clock A M., and duly recorded in Vol. M87  
of Deeds on Page 21612

FEE \$5.00

Evelyn Biehn, County Clerk  
By M. Smith

Ret: Thomas E. Williams 2427 Garden, Klamath Falls, Oregon 97601