02438 I.D. TAG NO.
47 Local File Number
84440

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

136- State File Number 2275

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DECEDENT

Field	Entry
1. Decedent's Name (First, Middle, Last)	ELEANOR MAE PARR
2. Sex	F
3. Date of Death	Jan. 31, 1988
4. Social Security Number	541/24/8273
5a. Age - Last Birthday (Years)	63
6. Birthplace	Manford, Ok.
7. Date of Birth	Aug. 3, 1924
8. Was Decedent Ever in U.S. Armed Forces?	☒ No
9a. Place of Death	Other: ☒ Nursing Home
9b. Facility Name	Klamath Convalescent Center
9c. City, Town, or Location of Death	Klamath Falls
9d. County of Death	Klamath
10a. Decedent's Usual Occupation	Housewife
10b. Kind of Business/Industry	At Home
11. Marital Status	Married
12. Spouse	Warren
13a. Residence - State	Oregon
13b. County	Klamath
13c. City, Town, or Location	Klamath Falls
13d. Street and Number	1830 Hawthorne
13e. Inside City Limits?	☒ Yes
13f. Zip Code	97601
14. Was Decedent of Hispanic Origin?	☒ No
15. Race	White
16. Decedent's Education	Elementary/Secondary (0-12): - ; College (1-4 or 5+): -

PARENTS

Field	Entry
17. Father - Name	Elvis - Hesterlee
18. Mother - Name (maiden)	Lilla - Johnson
19. Informant - Name and Relationship	Warren Parr / Husband

DISPOSITION

Field	Entry
20a. Method of Disposition	☒ Burial
20b. Place of Disposition	Eternal Hills Memorial Gardens
20c. Location	Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee	(signature)
21b. License Number	3409
22. Name, Address and Zip of Facility	Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Oregon 97601

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CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
23. Time of Death	0412 M
24. Was Medical Examiner Notified?	☒ No
25. Signature	Kenneth L. Tuttle MD
26. Date Signed	2-2-88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. Time of Death — M
27b. Date Pronounced Dead (Month, Day, Year, Hour) — M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. Date Signed (Month, Day, Year) — County

30. Name, Title, Address and Zip of Certifier/Medical Examiner: Kenneth L. Tuttle, MD / 2680 Uhrmann / Klamath Falls, Oregon / 97601

31. Name of Attending Physician if Other Than Certifier:

CAUSE OF DEATH

32. Immediate Cause:
Part I (a) Metastatic colon cancer — Interval between onset and death: 2 years
(b) —
(c) —
Part II Other Significant Conditions:

33. Autopsy: ☒ No

35. Manner of Death: ☒ Natural

REGISTRAR

37. Registrar's Signature: Michelle Bartliff
38. Date Filed: FEB 03 1988

39. Did Hospital Representative Make Request for Anatomical Gift Consent? ☐ Yes ☐ No ☐ N/A
40. Was Gift Made? ☐ Yes ☐ No ☐ N/A

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

DATE ISSUED FEB 16 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

$5.00 CR.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 17th day of February A.D., 19 88 at 2:10 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 2275.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00

Ret: Warren Parr 1830 Hawthorne Klamath Falls, Oregon 97601