Vol. M88 Page 2368

25340
I.D. TAG NO.

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

136-
State File Number

4494
Local File Number

DECEDENT

1. DECEDENT'S NAME: First HAZEL | Middle VIOLET | Last NICHOLS
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Jan. 2, 1988
4. SOCIAL SECURITY NUMBER: 541-22-2809
5a. AGE - Last Birthday (Years): 82
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): White Sulphur Spgs., Mont.
7. DATE OF BIRTH (Month, Day, Year): August 21, 1905
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
10b. KIND OF BUSINESS/INDUSTRY: At Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Henry
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1430 Gary St.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — | College (1-4 or 5+): —

FATHER

17. FATHER - NAME first middle last: Paul - Mackey
18. MOTHER - NAME first middle maiden: Retta - Beckwith
19. INFORMANT - NAME and relationship to deceased: Henry Nichols - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 47 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St., Klamath Falls, Oregon 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 0525 M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): R. Rand Hale, MD
26. DATE SIGNED (Month, Day, Year): 1/4/88

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 (Type or Print): R. Rand Hale, MD - 2584 Campus Dr. - Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: 12 hrs
(b) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE — Interval between onset and death:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a).
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death? ☐ Yes ☐ No

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Bathiff
38. DATE FILED (Month, Day, Year): JAN 05 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY
46-2 REV. 1-86

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

DATE ISSUED January 6, 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT. OF HEALTH SERVICES VITAL STATISTICS KLAMATH COUNTY

'88 FEB 19 AM 9 50

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 19th day of February A.D., 19 88 at 9:50 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 2368.

Evelyn Biehn, County Clerk
By _____

FEE $5.00

Ret: Henry Nichols 1430 Gary St., Klamath Falls, Oregon 97603