CERTIFICATION OF VITAL RECORD

ATE 85003 S-31875

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M88 Page 3209

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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

435 (Local File Number)

CERTIFICATE OF DEATH

78 017857 (State File Number)

TYPE OR PRINT IN PERMANENT BLACK INK FOR LEGIBLE REPRODUCTION

DECEDENT

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Ava Irene Thrapp
2. DATE OF DEATH (MONTH, DAY, YEAR): November 21, 1978
3. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
4. SEX: Female
5. AGE—LAST BIRTHDAY (YEARS): 72
6. UNDER 1 YEAR: MONTHS / UNDER 1 DAY: HRS. / MIN.
7. DATE OF BIRTH (MONTH, DAY, YEAR): September 12, 1906
7A. COUNTY OF DEATH: Klamath
7B. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7C. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): D.O.A. Pres. Intercomm.
7D. IF HOSP. OR INST. INDICATE DOA, OP/EMER, IP/EMER, (SPECIFY): D.O.A.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Kansas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SPOUSE (IF MARRIED, WIDOWED): Lee L. Thrapp
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13. SOCIAL SECURITY NUMBER: 565-09-3998
14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker
14B. KIND OF BUSINESS OR INDUSTRY:
15A. RESIDENCE—STATE: Oregon
15B. COUNTY: Klamath
15C. CITY, TOWN OR LOCATION: Klamath Falls
15D. STREET AND NUMBER OR R.F.D.: Harriman Rt., Box 70-D
15E. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16. FATHER—NAME FIRST, MIDDLE, LAST: William L. Chrysler
17. MOTHER—MAIDEN NAME FIRST, MIDDLE, LAST: Hattie -
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Susan Culbertson, Daughter
19A. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
19B. CEMETERY OR CREMATORY—NAME: Hillcrest Memorial Park
19C. LOCATION CITY OR TOWN, STATE: Phoenix, Oregon
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE:
20B. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon 97601

MEDICAL EXAMINER

CERTIFICATION—MEDICAL EXAMINER
I CERTIFY THAT I HAVE INQUIRED INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (HOUR): 5:25 P.
21B. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): November 21, 1978 5:25 P.
21C. MANNER: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21D. CERTIFIER—SIGNATURE:
21E. NAME—(TYPE OR PRINT): George R. Nicholson
21F. DEGREE OR TITLE: M.D.
21G. MEDICAL EXAMINER'S OFFICE: Klamath
21H. COUNTY:
21I. DATE SIGNED (MONTH, DAY, YEAR): November 22, 1978
22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): Nov. 27, 1978
22B. REGISTRAR (SIGNATURE):

CORONER

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Coursing Lesions of Skull
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
INTERVAL BETWEEN ONSET AND DEATH: minutes
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
24. AUTOPSY (SPECIFY YES OR NO): No

25A. DATE OF INJURY (MONTH, DAY, YEAR): Nov. 21, 1978
25B. HOUR: 3:00 P.M.
25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Single Car Accident (Passenger)
26. WAS WORK RELATED? (SPECIFY YES OR NO): No
27. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.: Hwy. 140, Lake O
28. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): The Woods Hwy. 140 Mile Post 33, Klamath, Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED DEC 21 1987

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow, Inc. the 7th day of March A.D., 19 88 at 3:26 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 3209.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Return: AT&E