R &R: Robert D. Boivin
110 N. 6th, Klamath Falls, OR 97601

Vol. M88 Page 3617

85252

276

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

CERTIFICATE OF DEATH

Local File Number | State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: SUSAN; Middle: VIRGINIA; Last: HAMILTON
2 DATE OF DEATH (month, day, year): July 6, 1984
3 RACE (White, Black, American Indian, etc. (specify)): White
4 SEX: Female
5a AGE—Last birthday (years): 69
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): October 12, 1914
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center
7c IF HOSP OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): California
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Orville
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 553 / 09 / 3740
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b KIND OF BUSINESS OR INDUSTRY: At Home
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 311 N. 9th Street 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: James Hart
17 MOTHER—first middle last (Maiden Name): Frances Panabaker
18 INFORMANT—NAME and relationship to deceased: Joan Glass - Daughter

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, BURIAL (type): Burial
19b CEMETERY OR CREMATORY—NAME: Linkville Cemetery
19c LOCATION city or town, state: Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]
20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 9760

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a [Signature]: Thomas E. Klump MD
21b DATE SIGNED (Mo., Day, Yr.): July 6, 1984
21c HOUR OF DEATH: 5:45 A M
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Thomas E. Klump, MD / 2600 Clover / Klamath Falls, Oregon / 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUL 6 1984
22b REGISTRAR [Signature]: [signature]

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) METASTATIC CARCINOMA OF CERVIX — Interval between onset and death: Two Weeks
DUE TO, OR AS A CONSEQUENCE OF
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(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))
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Yr.)
26c HOUR OF INJURY M
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No)
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar
Date JUL 6 1984
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

'88 MAR 15 P1:49

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert D. Boivin, Attorney at Law the 15th day of March A.D., 19 88 at 1:49 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 3617.

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00