86445

sp88pg6116 APR 19 AM 11:37

Vol. M88 Page 6116

The State of New Hampshire
DEPARTMENT OF HEALTH AND WELFARE
CERTIFICATE OF DEATH

DECEDENT - NAME: 1 FIRST: Alta | MIDDLE: M. | LAST: GRIFFIN | 2 SEX: Female | LOCAL FILE NUMBER | 3 DATE OF DEATH (Mo., Day, Yr.): December 11, 1986

4 RACE (e.g. White, Black, American Indian, etc.) (Specify): White | 5a AGE (Last Birthday) (Yrs.): 63 | UNDER 1 YEAR: 5b MOS / DAYS | UNDER 1 DAY: 5c HOURS / MINS | 6 DATE OF BIRTH (Mo., Day, Yr.): February 6, 1923 | 7a COUNTY OF DEATH: Grafton

7b CITY, TOWN OR LOCATION OF DEATH: Hanover | 7c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): Mary Hitchcock Memorial Hospital | 7d IF HOSP. OR INST. - Indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient

8 PLACE OF BIRTH (City or Town, State or Foreign Country): Lyndonville, Vermont | 9 CITIZEN OF WHAT COUNTRY: USA | 10 Married, Never Married, Widowed, Divorced (Specify): Married | 11 SPOUSE (If wife, give maiden name): Bernard Griffin | 12 Was decedent ever in U.S. Armed Forces? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 009-12-1155 | 14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher | 14b KIND OF BUSINESS OR INDUSTRY (Specify): Education | 14c (check if applicable): mfg, white, retail | 14d NAME OF EMPLOYER (Referring to 14a-b): City School System, Klamath Falls, Oregon

15a RESIDENCE - STATE: Oregon | 15b COUNTY: Klamath | 15c CITY, TOWN (not mailing address): Klamath Falls | 15d STREET AND NUMBER: 201 Lowell Street

16 FATHER - NAME: FIRST John | MIDDLE M. | LAST Farnham | 17 MOTHER - NAME: FIRST Lorraine | MIDDLE --- | LAST (MAIDEN) Webster

18a INFORMANT - NAME (Type or Print): Bernard Griffin | 18b MAILING ADDRESS: STREET OR RFD NO. 201 Lowell Street | CITY OR TOWN Klamath Falls | STATE Oregon | ZIP 97601

19a BURIAL, CREMATION, ENTOMBMENT, REMOVAL, OTHER (Specify): Burial | 19b CEMETERY OR CREMATORY - NAME: Eternal Hill Cemetery | LOCATION - CITY OR TOWN: 19c Klamath Falls, Oregon | STATE: Oregon

19d ENTOMBED OR CREMATED: PLACE OF BURIAL (NAME OF CEMETERY) | 19e LOCATION (CITY, TOWN, COUNTY) (STATE) | DATE (Refer to 19a): Dec. 18, 1986

20a FUNERAL DIRECTOR (Signature): ► John T. Coffin | 20b NAME OF FUNERAL HOME: C.A. Calderwood, Inc. | 20c LOCATION OF FUNERAL HOME (CITY OR TOWN): St. Johnsbury, Vermont | STATE: Vermont

20d COUNTERSIGNED AGENT (STATE OR LOCAL REGISTRAR) (Signature) | 20e CITY/TOWN | 20f DATE (Mo., Day, Yr.)

To be Completed by PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ► D. R. Pearl

21b DATE SIGNED (Mo., Day, Yr.): Dec. 11, 1936 | AND 21c HOUR OF DEATH: 0430

21d To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title) ►

To be Completed by MEDICAL EXAMINER or Official Designee Only

22a On the basis of examination, and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ►

22b DATE SIGNED (Mo., Day, Yr.) | AND 22c HOUR OF DEATH

22d PRONOUNCED DEAD (Mo., Day, Yr.) ON | 22e PRONOUNCED DEAD (Hour) AT

23a INDICATE OFFICIAL CAPACITY OF PHYSICIAN WHO COMPLETED ITEMS 21,22b AND 21/22c (Check one): X ATTENDING/ASSOCIATE | PRONOUNCING CERTIFYING ME/DEP | TEMP / ASST ME | OTHER (Specify)

23b NAME AND ADDRESS OF PHYSICIAN RESPONSIBLE FOR COMPLETION OF ITEM 25 (CAUSE OF DEATH) (Type or Print): Diane Pearl, M.D., Mary Hitchcock Memorial Hospital, Hanover, NH 03756

24a CITY OR TOWN CLERK (Signature) ► Frances G. Wales | 24b CLERK OF (CITY OR TOWN): Hanover | 24c DATE RECEIVED BY CITY OR TOWN CLERK (Mo., Day, Yr.): December 11, 1986

25 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c) and (d).) MUST BE TYPED OR PRINTED - NO ABBREVIATIONS

		Interval between onset and death
(a)	Cardiopulmonary arrest	0
	DUE TO, OR AS A CONSEQUENCE OF	
(b)	Sepsis	Days
	DUE TO, OR AS A CONSEQUENCE OF	
(c)	Metastatic colon cancer	Years
	DUE TO, OR AS A CONSEQUENCE OF	
(d)		

PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause(s) given in PART I

26a ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	26 AUTOPSY (Specify Yes or No): No	27 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No
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 RFD NO. / CITY OR TOWN / STATE		

A true copy, Attest: Frances G. Wales Clerk of Hanover Dated Dec. 11, 1986

IT SHALL BE UNLAWFUL FOR ANYONE TO REPRODUCE THIS CERTIFICATE OTHER THAN THE STATE REGISTRAR

VS 16-78
10M - (4/85)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Douglas Osborne on the 19th day of April A.D., 19 88 at 11:37 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 6116.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetta A Fetsch

Return: Douglas Osborne-439 Pine, Klamath Falls, OR 97601