90023 '88 AUG 4 PM 12 02 Vol. M88 Page 12565

Oregon
N STATE HEALTH DIVISION
nent of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

83-004176

80
Local File Number

State File Number

1 DECEASED—NAME	First: HAZEL	Middle: IRENE	Last: McCONATHY	2 DATE OF DEATH (month, day, year)	March 6, 1983
3 RACE (White, Black, American Indian, etc. (specify))	White	4 SEX: Female	5a AGE—Last birthday (years): 63	6 DATE OF BIRTH (month, day, year)	January 25, 1920
7a CITY, TOWN OR LOCATION OF DEATH	Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	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)	Idaho	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Robert	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No		
13 SOCIAL SECURITY NUMBER	540 - 12 - 7314	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Housewife	14b KIND OF BUSINESS OR INDUSTRY	Homemaking
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Chiloquin
15d STREET AND NUMBER OR R.F.D., ZIP	PO Box 325 97624	15e Inside City Limits (specify yes or no)	Yes		
16 FATHER—NAME first middle last	Frank Savage	17 MOTHER—Maiden Name first middle last	Lavina Batty	18 INFORMANT—NAME and relationship to deceased	Robert McConathy / Husb
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation	19 CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens	19c LOCATION city or town state	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE (Or Person Acting As Such) (Signature)	[signature]	20b NAME AND ADDRESS OF FACILITY	WARD'S - 1945 Main - Klamath Falls, Oregon 97601		

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature]	[signature]	21b DATE SIGNED (Mo., Day, Yr.) 3/7/83	21c HOUR OF DEATH 9:40 A M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD / 2616 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.) MAR 8 1983	22b REGISTRAR (Signature) [signature]

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
PART I (a)	Respiratory arrest	15 min
DUE TO, OR AS A CONSEQUENCE OF: (b)	Massive intracerebral hemorrhage	48 hrs
DUE TO, OR AS A CONSEQUENCE OF: (c)		

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

HS-2 (Rev. 1/80)

STATE OF OREGON, COUNTY OF MULTNOMAH) ss. DATE ISSUED APRIL 8 1983

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

After Recording, return to:
Mr. & Mrs. Gerald E. McConathy
HC 30, Box 1455
Chiloquin, OR 97624

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 4th day of Aug. A.D., 19 88 at 12:02 o'clock P. M., and duly recorded in Vol. M88, of Deeds on Page 12565.

Evelyn Biehn, County Clerk
By Darlene Mundenar

FEE $8.00