

**OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION**

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

87-016149

25301
ID TAG NO.

344
Local File Number

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

6D
DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

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

**CAUSE OF
DEATH**

1541
5
6

DECEASED - NAME First MYRTLE Middle STRONG Last		DATE OF DEATH (month, day, year) 2 September 7, 1987	
RACE (specify) White		AGE - Last birthday (years) 87	DATE OF BIRTH (month, day, year) 6 June 30, 1900
CITY, TOWN OR LOCATION OF DEATH Chiloquin		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 226 Lalo Ave.	
7a STATE OF BIRTH (If not in U.S., name country) Massachusetts	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	11 SPOUSE (IF MARRIED, WIDOWED) James
8 SOCIAL SECURITY NUMBER 182 - 16 - 0609		12a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
13 RESIDENCE - STATE Oregon		14a COUNTY Klamath	14b CITY, TOWN OR LOCATION Chiloquin
15a FATHER - NAME first middle last Frank Charles Heath		15b MOTHER - first middle last (Maiden Name) Lillian Elizabeth House	
16 BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Burial/Removal		17 CEMETERY OR CREMATORY - NAME Bowmanstown Cemetery	
18a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Jim Lancaster		18b NAME AND ADDRESS OF FACILITY 1945 Main St. Klamath Falls, Ore. 97601	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Kenneth Tuttle		20b DATE SIGNED (Mo., Day, Year) 9-8-87	
21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Kenneth Tuttle, MD - 2680 "C" Uhrmann Rd. - Klamath Falls, Ore.		21c HOUR OF DEATH 6:45 P.	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) SEP 10 1987		22b REGISTRAR (Signature) Michelle Batliff	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a) Metastatic adenocarcinoma of the rectum		Interval between onset and death 6 months	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		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	
25a ACCIDENT (Specify Yes or No) No		25b DATE OF INJURY (Mo., Day, Year)	
25c HOURS OF INJURY 25c		25d DESCRIBE HOW INJURY OCCURRED	
25e INJURY AT WORK (Specify Yes or No)		25f PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)	
25g LOCATION		25h STREET OR R.F.D. NO.	
25i CITY OR TOWN		25j STATE	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?	
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
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 **SEP 01 1988**

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 21st day of Sept. A.D., 19 88 at 11:33 o'clock A.M., and duly recorded in Vol. M88 of Deeds on Page 15625.
By Evelyn Biehn County Clerk
By Pauline Mueseladore

FEE \$8.00