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96887

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

CERTIFICATE OF DEATH

219 (Local File Number) — State File Number

DECEASED—NAME: First JEAN; Middle MARY; Last CARTER
DATE OF DEATH (month, day, year): May 16, 1985
SEX: Female
AGE (Last birthday) (years): 33
Under 1 year: mos / days; Under 1 day: hours / min
DATE OF BIRTH (month, day, year): May 13, 1952
RACE (White, Black, American Indian, etc.) (specify): White
COUNTY OF DEATH: Klamath
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 1905 Chinchalla Way
IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
STATE OF BIRTH (If not in U.S.A. name country): Maine
CITIZEN OF WHAT COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
SPOUSE (IF MARRIED, WIDOWED, OR DIVORCED): Clifford
KIND OF BUSINESS OR INDUSTRY: At Home
SOCIAL SECURITY NUMBER: 545 - 88 - 7395
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
STREET AND NUMBER OR R.F.D., ZIP: 97603
Inside City Limits (specify yes or no): No
RESIDENCE—STATE: Oregon
COUNTY: Klamath
CITY, TOWN, OR LOCATION: Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP: 1905 Chinchalla Way
INFORMANT—NAME and relationship to deceased: Clifford Carter / Husband
FATHER—NAME first middle last: Clarence J. Brown
MOTHER—first middle last (Maiden Name): Barbara Chenard
LOCATION city or town state: Klamath Falls, Oregon
BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
FUNERAL SERVICE LICENSEE Or Person Acting As Such—NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 97601
DATE SIGNED (Mo., Day, Yr.): 5/22/85
HOUR OF DEATH: 3:00 A M

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): Richard K Karchmer
NAME AND ADDRESS OF CERTIFIER (Type or Print): Richard K. Karchmar, MD / 1025 E. Main / Medford, Oregon / 97504
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 29 1985
REGISTRAR (Signature): Katherine E. Cravirth

PART I
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).): (a) ACUTE LYMPHOBLASTIC LEUKEMIA — Interval between onset and death: 7 d
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): LEUKOENCEPHALOPATHY
AUTOPSY (Specify Yes or No): 24 No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 Yes

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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12-83

'89 FEB 8 AM 11 04

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 Katherine E. Cravirth, Deputy Registrar
Date MAY 30 1985
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 8th day of Feb. A.D., 19 89 at 11:04 o'clock A M., and duly recorded in Vol. M89, of Deeds on Page 2473.

Evelyn Biehn, County Clerk
By Pauline Mecklenburg

FEE $8.00

Return: A.T.C.