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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

M4C 21107K

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

240 Local File Number

78-011144 State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

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

1 DECEASED—NAME: First: Cora; Middle: Ellen; Last: Parr
2 DATE OF DEATH (month, day, year): July 6, 1978
3 RACE White, Black, American Indian, etc.(specify): White
4 SEX: Female
5a AGE—Last birthday (years): 77
5b Under 1 year: mos. days
5c Under 1 day: hours min
6 DATE OF BIRTH (month, day, year): September 14, 1900
7a COUNTY OF DEATH: Klamath
7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Nursing Home
7d If HOSP OR NURS. Inpatient or ER/Emerg. Rm. Inpatient (Specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Willie A. Parr
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 543-28-6110
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Plywood Mfg. Laborer
14b KIND OF BUSINESS OR INDUSTRY: Lumber
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 2162 Radcliffe St. 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: W.W. Alexander
17 MOTHER—Maiden Name first middle last: Ruth Null
18 INFORMANT—NAME and relationship to deceased: William L. Parr, Son

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum
19b CEMETERY OR CREMATORY—NAME: Eternal Hills Haven of Rest Mausoleum
19c LOCATION city or town state: Klamath Falls, Oregon
20a FUNERAL DIRECTOR OR PERSON Acting As Such (Signature): Mike O'Hair
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

CERTIFIER

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]: Blake Berven
21b DATE SIGNED [Mo., Day, Yr.]: JUL 10 1978
21c HOUR OF DEATH: 5:18 A. M
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven M.D. Medical Dentl. Bld., 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 10 1978
22b REGISTRAR [Signature]: Marian G. Sherman

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].
PART I (a) Cardiac arrest — Interval between onset and death: 10 min
DUE TO, OR AS A CONSEQUENCE OF:
(b) Senile dementia — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Metastatic carcinoma, site unknown — Interval between onset and death: Unknown
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Atypical tuberculosis
24 AUTOPSY (Specify Yes or No): No
25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No

4. 7220
5. 01
6.

26a ACCIDENT (Specify Yes or No)
26b DATE OF INJURY [Mo., Day, Yr.]
26c HOUR OF INJURY
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

VS-2 Rev-1-78 P-65412

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 MAR 20 1989

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

RETURN: MTC.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 21st day of March A.D., 19 89 at 3:21 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 4739.

FEE $8.00

Evelyn Biehn County Clerk
By Darlene Mullendore