

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

55279  
LD. TAG NO.

332

136

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

15

16

17

1. DECEDENT'S NAME First: <b>Helen</b> Middle: <b>Grace</b> Last: <b>HELFRICH</b>		2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>July 30, 1989</b>	
4. SOCIAL SECURITY NUMBER <b>544/24/0058</b>		5a. AGE - Last Birthday (Years) <b>81</b>		5b. Under 1 Year Mo. <b>0</b> Days <b>0</b> Hours <b>0</b> Mins. <b>0</b>	
6. BIRTHPLACE (City and State or Foreign Country) <b>Bend, Oregon</b>		7. DATE OF BIRTH (Month, Day, Year) <b>October 29, 1907</b>		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____	
8b. FACILITY NAME (If not institution, give street and number) <b>110 Georgia - At Home</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		9d. COUNTY OF DEATH <b>Klamath</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Housewife</b>		10b. KIND OF BUSINESS/INDUSTRY <b>At Home</b>		11. MARITAL STATUS - Married, Widowed, Divorced (Specify) <b>Widowed</b>	
12. SPOUSE (If Married, Widowed) <b>John Devere</b>		13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>110 Georgia</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (9-12)</b>		17. INFORMANT - NAME and relationship to deceased <b>Darle Runnels - Daughter</b>	
18. FATHER - NAME first middle last <b>Louis - Reed</b>		19. MOTHER - NAME first middle maiden <b>Bessie - Tuck</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Memorial Park</b>		21. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Funeral Home / 1945 Main St. Klamath Falls, Oregon 97601</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Jim Lancaster</b>		21b. LICENSE NUMBER (Of Licensee) <b>3224</b>		22. REGISTRAR'S SIGNATURE <b>Dorothy Kennedy</b>	
23. DATE FILED (Month, Day, Year) <b>AUG 1 1989</b>		24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <b>5:00 P. M.</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH <b>M</b>	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <b>W. Bartlett</b>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
30. DATE SIGNED (Month, Day, Year) <b>7/31/89</b>		33. DATE SIGNED (Month, Day, Year)		COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>William A. Bartlett, MD - 2300 Clairmont - Klamath Falls, Oregon 97601</b>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)	
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41h. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED **AUG 1 1989**

**Donna A. Verling**  
DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Darle Runnels** the **7th** day  
of **Aug.** A.D., 19 **89** at **4:18** o'clock **P.M.**, and duly recorded in Vol. **M89**  
of **Deeds** on Page **14605**  
Evelyn Biehn County Clerk  
By **Dorlene Nielsen**

FEE \$8.00