

6186

'89 OCT 9 PM 3 29

Vol. m89 Page 19073

MTZ-22085K

B 3841
ID TAG NO.

368

Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
—SEE
HANDBOOK.

DECEASED

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

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED — NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 BLANCHE		JANE		JONES				September 25, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE — Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Female		5a 70		5b		5c	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)		DATE OF BIRTH (month, day, year)		COUNTY OF DEATH			
7a Klamath Falls		7b Merle West Medical Center		September 26, 1916		7d Klamath			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Arkansas		9 U.S.A.		10 Married		11 Leonard		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 432-40-6543		14a Housewife		14b At Home					
RESIDENCE — STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (specify yes or no)			
15a Oregon		15b Klamath		15c Chiloquin		15d HC 30 Box 1604		15e No	
FATHER — NAME first middle last		MOTHER — first middle last (Maiden Name)		INFORMANT — NAME and relationship to deceased					
16 John McElroy		17 Emmaline Tyler		18 L.V. Jones — Husband					
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY — NAME		LOCATION city or town state					
19a Cremation		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Ore.					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a Jim Lancaster		20b WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) Kenneth K. Magee		21b 9-28-87		21c 10:45 P.M.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)									
21d Kenneth K. Magee, MD — 1900 Main St. — Klamath Falls, Ore. 97601									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a SEP 28 1987		22b (Signature) Michelle Battliff							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))									
(a) Cardiac Arrest								Interval between onset and death minutes	
(b) probable Ventricular Rupture								Interval between onset and death 45 minutes	
(c) Acute Myocardial Wall Myocardial Infarction								Interval between onset and death 3 days	
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)									
1 Diabetes A.V. block									
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)	
4 No		25a No		25b No		25c No		25d No	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
6 No		26a No		26b No		26c No		26d No	
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

45-2 Rev. 6-86

Upon recording return to:
Leonard Jones, HC 30 Box 1604, Chiloquin, OR 97624THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **SEP 29 1987**Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Mountain Title Co.** the **9th** day
of **Oct.** A.D., 19 **89** at **3:29** o'clock **P.M.**, and duly recorded in Vol. **M89**
of **Deeds** on Page **19073**
FEE **\$8.00**
By **Evelyn Biehn** County Clerk
Pauline Muelendore