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90 DEC 31 PM 3 04

**ATTENDING PHYSICIAN  
CERTIFICATE OF DEATH**  
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

Vol. M90 Page 25704LOCAL REGISTRAR'S  
FILE NO.

|  |  |  |   |  |
|--|--|--|---|--|
| DECEASED - NAME<br>First <u>Florence</u> Middle <u>Irene</u> Last <u>Hatfield</u>            |  |  | STATE FILE NO.  |  |
| RACE - White, Negro, American Indian, Etc. (Specify) <u>White</u>                            |  |  | AGE - Last Birthday (Year) <u>71</u>  | DATE OF DEATH (Month, Day, Year) <u>Nov. 30, 1990</u>  |
| CITY, TOWN, OR LOCATION OF DEATH <u>Enid</u>   |  |  | INSIDE CITY LIMITS <u>Yes</u> No <u>D</u>   | DATE OF BIRTH (Month, Day, Year) <u>Aug. 4, 1919</u>   |
| STATE OF BIRTH (If not in U.S.A., Name Country) <u>Oklahoma</u>                              |  |  | CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   | COUNTY OF DEATH <u>Garfield</u>  |
| SOCIAL SECURITY NUMBER <u>445-22-8196</u>  |  |  | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u> | HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) <u>St. Mary's Hospital</u> |
| RESIDENCE - STATE <u>Oklahoma</u> COUNTY <u>Garfield</u> CITY, TOWN, OR LOCATION <u>Enid</u> |  |  | INSIDE CITY LIMITS <u>Yes</u> No <u>D</u>   | SURVIVING SPOUSE (If Wife, Give Maiden Name) <u>George Hatfield</u>  |
| FATHER - NAME First <u>Columbus</u> Middle <u>E.</u> Last <u>Pricer</u>                      |  |  | MOTHER - MAIDEN NAME First <u>Myra</u> Middle <u>Hicks</u> Last <u>Hicks</u>                            | KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>   |
| INFORMANT - NAME <u>Nellie Berka</u>   |  |  | MAILING ADDRESS <u>113 N. Adolpha Enid, Oklahoma 73703</u>  |  |

|   |     |   |  |
|---|-----|---|--|
| PART I. CAUSE OF DEATH  |     | DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).) | Approximate Interval Between onset and Death |
| Condition if any, which gave rise to immediate cause(s), stating the underlying cause last  | (a) | <u>Congestive Heart Failure</u>   | <u>5 years</u>                               |
|   | (b) | <u>Atherosclerotic cardiovascular disease</u>                               | <u>20 years</u>                              |
|   | (c) | <u>Smoking</u>  | <u>40 years</u>                              |
| PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))<br><u>Endstage Renal Disease</u> |     |   |  |

Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness—unrelated to injury or poisoning—to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.

|  |  |   |  |                                    |
|--|--|---|--|------------------------------------|
| CERTIFICATION - Month Day Year TO Month Day Year<br>I attended the deceased from <u>11-20-87</u> TO <u>11-30-90</u>            |  | And last saw him/her alive on <u>11 30 90</u> | I did not see body after death <u>Did</u>    | DEATH OCCURRED at <u>10:03p.m.</u> |
| CERTIFIER - NAME (Type or Print) <u>Jaspal S. Chawla, M.D.</u>   |  | SIGNATURE OF CERTIFIER <u>JW 24 MM</u>        | DATE SIGNED (Month Day Year) <u>12/11/90</u> |                                    |
| MAILING ADDRESS - CERTIFIER Street or R.F.D. No. <u>330 S. Fifth</u> City or Town <u>Enid</u> State <u>OK</u> Zip <u>73701</u> |  |   |  |                                    |

|   |                              |  |
|---|------------------------------|--|
| BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | DATE <u>December 2, 1990</u> | CEMETERY OR CREMATORY - NAME <u>Eternal Hill Memorial Garden</u> |
|---|------------------------------|--|

|  |   |   |
|--|---|---|
| LOCAL REGISTRAR'S SIGNATURE <u>[Signature]</u> | DATE RECD. BY LOCAL REG. <u>DEC 12 1990</u> | FUNERAL DIRECTOR <u>Dean F. Ladusau</u> |
|--|---|---|

|                                      |   |
|--------------------------------------|---|
| CITY OF <u>Klamath Falls, Oregon</u> | DATE RECEIVED BY STATE REGISTRAR <u>DEC 12 1990</u> |
|--------------------------------------|---|



**State Department of Health**

ROGER C. PIRRONG  
STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma  
OKLAHOMA CITY, OKLAHOMA 73162

CERTIFIED COPY MUST  
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

**DEC 12 1990**

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of George Hatfield the 31st day of Dec. A.D., 19 90 at 3:04 o'clock PM., and duly recorded in Vol. M90 of Deeds on Page 25704.

FEE \$8.00

Return: George Hatfield  
2234 Applegate, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk  
By Lauren Mulvender