

CERTIFICATION OF VITAL RECORD

37639
I.D. TAG NO.
44474
274
Local File Number

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

Aspen Title
#01638390
Vol. m92 Page 9729

1. DECEDENT'S NAME First: Hazel Middle: Georgia Last: HOLCOMB		2 SEX F	3 DATE OF DEATH (Month, Day, Year) July 25, 1988
4. SOCIAL SECURITY NUMBER 547-20-8101	5a. AGE - Last Birthday (Years) 84	5b. UNDER 1 YEAR Moa. Days	5c. UNDER 1 DAY Hours Mins
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. BIRTHPLACE (City and State or Foreign Country) Texas	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA		7. DATE OF BIRTH (Month, Day, Year) April 23, 1904	
9b. FACILITY NAME (If not institution, give street and number) Klamath Convalescent Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Canner		10b. KIND OF BUSINESS/INDUSTRY Campbell's Soup Co.	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) George	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER 3120 Delaware
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 8		17. FATHER - NAME first middle last Henry - Hanes	
18. MOTHER - NAME first middle middle Sarah Jane Martin		19. INFORMANT (Name and relationship to decedent) Estelle DeHass - Daughter	
20a. METHOD OF DISPOSITION <input 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) Sacramento Memorial Lawn	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Tom Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, Oregon 97601		23. TIME OF DEATH 1300	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED. (Signature) Charles D. Bury	
26. DATE SIGNED (Month, Day, Year) July 26, 1988		27. DATE PRONOUNCED DEAD (Month, Day, Year, hour) M	
28. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD - 2300 Clairmont - Klamath Falls, Oregon 97601		29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
32. 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.			
PART I (a) Pneumonia		Due to, or as a consequence of:	
(b) Aspiration		Due to, or as a consequence of:	
(c) Stroke (CVA)		Due to, or as a consequence of:	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not relative to cause given in PART I (a)			
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined		36a. DATE OF INJURY (Month, Day, Year)	
36b. TIME OF INJURY M		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36d. DESCRIBE HOW INJURY OCCURRED		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. REGISTRAR'S SIGNATURE Michelle Battist		38. DATE FILED (Month, Day, Year) JUL 26 1988	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

THIS IS A TRUE AND EXACT ORIGINAL - VITAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

Return to:
5786 Bel Aire, City, 97603
DATE ISSUED AUG 1 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co.
of May A.D., 19 92 at 11:00 o'clock A M., and duly recorded in Vol. M92
of Deeds on Page 9729

FEE \$10.00

Evelyn Biehn County Clerk
By Doreen G. McMillan