CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

84-010359

CERTIFICATE OF DEATH

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

Local File Number: 227 | State File Number

DECEDENT

1. DECEASED NAME — First: RUTH | Middle: | Last: McCARTY
2. DATE OF DEATH (month day year): June 8, 1984
3. RACE (White, Black, American Indian, etc. (Specify)): White
4. SEX: Female
5a. AGE—Last Birthday (years): 74
5b. Under 1 year: days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): July 14, 1909
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7c. IF HOSP OR INST, Indicate DOA or Emer Rm, Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): Illinois
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Jack
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO
13. SOCIAL SECURITY NUMBER: 348-07-9530
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 9/1961
14b. KIND OF BUSINESS OR INDUSTRY: At Home
15. RESIDENCE—STATE: Oregon
15a. COUNTY: Klamath
15b. CITY, TOWN, OR LOCATION: Klamath Falls
15c. STREET AND NUMBER OR R.F.D., ZIP: 1143 Patterson 97603
15e. Inside City Limits (Specify Yes or No): NO
16. FATHER NAME (first, middle, last): Lloyd W. Abbott
17. MOTHER (first, middle, last, (Maiden Name)): Nellie L. Proctor
18. INFORMANT—NAME and relationship to deceased: Jack McCarty - Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial
19b. CEMETERY OR CREMATORY NAME: Roselawn Cemetery
19c. LOCATION (city or town, state): Springfield, Ill.
20a. FUNERAL SERVICE LICENSEE (or Person Acting As Such) (Signature): Jim Lancaster
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Oregon
20c. DATE SIGNED (mo day yr): 6/11/84
20d. HOUR OF DEATH: 11:15P.M

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature):
21b. NAME AND ADDRESS OF CERTIFIER (Type or Print): 905 Main St./Suite 611 Klamath Falls, Ore.
To Be Completed by Certifying Physician Only
David C. Seeley, MD
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

21e. DATE RECEIVED BY REGISTRAR (mo day yr): JUN 11 1984
22a. REGISTRAR (Signature): Catherine E. Cravinho

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death: IMMED
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: RESPIRATORY FAILURE
(b) DUE TO, OR AS A CONSEQUENCE OF: ACUTE BRONCHOPNEUMONIA — Interval between onset and death: 2 WKS
(c) DUE TO, OR AS A CONSEQUENCE OF: COPD - SEVERE — Interval between onset and death: LONG
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): 24. AUTOPSY (Specify Yes or No): No — 25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a. ACCIDENT (Specify Yes or No): 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

ORIGINAL - VITAL STATISTICS COPY

45.2 REV 12 83

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.

JUN 17 1992
DATE ISSUED

Edward J. Johnson II
EDWARD J. JOHNSON II, COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Clara McCarty the 23rd day of June A.D., 1992 at 10:23 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 13708.

Evelyn Biehn, County Clerk
By Deputy

FEE $10.00
Return: Clara McCarty
1143 Patterson, Klamath Falls, Or. 97603