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CERTIFICATION OF VITAL RECORD

105746
I.D. TAG NO.424
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
136-
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S First Middle Last NAME Florence Luryne WILLIAMS		2. SEX F	3. DATE OF DEATH (Month, Day, Year) November 12, 1991
4. SOCIAL SECURITY NUMBER 543-46-7037	5a. AGE-Last Birthday (Years) 94	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Florence, Colorado
7. DATE OF BIRTH (Month, Day, Year) September 7, 1897		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
8b. COUNTY OF DEATH Klamath		9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) Housewife		10b. KIND OF BUSINESS/INDUSTRY Homemaking	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Caradoc David	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2105 Hope Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (D-12) College (14 or 5+) 12		17. INFORMANT - Name and relationship to decedent Genevieve A. Hearth, daughter	
18. MOTHER - Name first middle maiden Marie Elizabeth Ortwine		19. LOCATION - City or Town, State Klamath Falls, OR 97601	
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. LICENSE NUMBER (Or Licensee) 53-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY of the Good Shepherd, 6420 So 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) NOV 13 1991	
24. REGISTRAR'S SIGNATURE Nancy Kennedy		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 19:50 P M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. 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) Jerri A. Britsch, MD	
30. DATE SIGNED (Month, Day, Year) November 13, 1991		31. TIME OF DEATH M	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jerri A. Britsch, MD, 1905 Main Street, Klamath Falls, Oregon 97601		33. DATE SIGNED (Month, Day, Year) November 13, 1991	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Barbara Gilbertson, D.O.		35. 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.) (a) Coronary artery disease (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> N/A	
40. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		43. DESCRIBE HOW INJURY OCCURRED	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 14 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGONSTATE OF OREGON: COUNTY OF KLAMATH: ss. the 16th day
Filed for record at request of Marie Cline
of Dec. A.D. 1992 at 2:10 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 29966
By Evelyn Biehn County ClerkFEE \$10.00
Return: Marie Cline
2105 1/2 Hope, Klamath Falls, Or. 97603