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MTC 30130-ICR

CERTIFICATION OF VITAL RECORD

RETURN TO:
Worley Likens
Overlook Dr. Box 33
Parsons, W.V. 26287

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

391 (Local File Number) — **CERTIFICATE OF DEATH** — 79-016113 (State File Number)

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First: BERNICE; Middle: ROGER; Last: LIKENS
2. DATE OF DEATH (month, day, year): October 22, 1979
3. RACE White, Black, American Indian etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 55
5b. Under 1 year: months / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): September 19, 1924
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN OR LOCATION OF DEATH: Malin
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either give street and number): 2531 Main Street
7d. If HOSP OR INST indicate (OA, DA, Emer Room, Inpatient) (Specify)
8. STATE OF BIRTH (If not in U.S.A., name country): North Carolina
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Worley Likens
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 223 - 24 - 8191
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
14b. KIND OF BUSINESS OR INDUSTRY: Homemaking
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Malin
15d. STREET AND NUMBER OR R.F.D., ZIP: 2531 Main Street 97632
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME first middle last: Whitney Haithcock
17. MOTHER—Maiden Name first middle last: Viola Harris
18. INFORMANT—NAME and relationship to deceased: Worley Likens - Husband

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Malin Cemetery
19c. LOCATION city or town state: Malin, Oregon
20a. FUNERAL SERVICE LICENSEE or person Acting as Such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): [signature]
21b. DATE SIGNED (Mo., Day, Yr.): Oct. 24, 1979
21c. HOUR OF DEATH: 8:20 AM
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Yale Sacks, M.D. / 691 Murphy Road # 109 / Medford, Oregon 97501
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 25 19[illegible]
22b. REGISTRAR (Signature): JoAnne Pratt

CAUSE OF DEATH

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

23. PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)
(a) RESPIRATORY ARREST — Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) ACUTE LEUKEMIA — Interval between onset and death: 6 Months
DUE TO, OR AS A CONSEQUENCE OF:
(c) LYMPHOSARCOMA — Interval between onset and death: 3½ Years

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 CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): Yes

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

VS-2 Rev 1-78 P-65412

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.

DATE ISSUED JUN 15 1993

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 15th day of July A.D., 19 93 at 10:05 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 17052.

FEE $10.00

Evelyn Biehn County Clerk
By Darlene Mulkey