13044

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M94 Page 39158

12-30-94A09:46 RCVD

80-013380

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

CERTIFICATE OF DEATH

Local File Number: 288

State File Number

DECEDENT

1. DECEDENT'S NAME: First: ELEANOR; Middle: GLORIA; Last: WATKINS
2. DATE OF DEATH (month, day, year): August 8, 1980
3. RACE: White
4. SEX: Female
5. AGE—Last Birthday (years): 56; Under 1 year: months; Under 1 day: hours, minutes
6. DATE OF BIRTH (month, day, year): February 15, 1924
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. FACILITY—NAME (If not institution, give street and number): Merle West Med. Ctr.
7c. IF HOSPITAL OR INSTITUTION, Indicate DOA, ER/Emergency, Inpatient, Outpatient, or Dead on Arrival: Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): California
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SURVIVING SPOUSE (If married, widowed, or divorced): Joe P. Watkins
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 540-28-7333
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: At home
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Malin
15d. STREET AND NUMBER OR R.F.D., ZIP: P.O. Box # 123, 97632
15e. Inside City Limits (specify yes or no)
16. FATHER—NAME first middle last: Alfred Peterstein
17. MOTHER—Maiden name first middle last: Elisabeth Fail
18. INFORMANT—NAME and relationship to deceased: Joe P. Watkins (Husband)

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
19c. LOCATION city or town, state: Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING—NAME AND ADDRESS OF FACILITY: Klamath Funeral Home Inc., Klamath Falls, Oregon 97601
20b. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated: DATE SIGNED (Mo., Day, Yr.): 8/8/80; HOUR OF DEATH: 6:35 A. M.

CERTIFIER

21a. NAME AND ADDRESS OF CERTIFIER (Type or Print): Dave Sealey, M.D.
21b. To be Completed by Certifying Physician Only — NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Medical Dental Building, Klamath Falls, Oregon 97601

CAUSE OF DEATH

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

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): AUG 11 1980
22b. REGISTRAR (Signature): Claudia Francis

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: DIABETIC — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: DIABETES MELLITUS — Interval between onset and death:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): AUTOPSY (Specify Yes or No): 24. No; WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25. No

26a. ACCIDENT (Specify Yes or 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 - (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

HS-2 Rev-1-80

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 AUG 21 1989

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

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joe Watkins the 30th day of Dec A.D., 1994 at 9:46 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 39158.

Evelyn Biehn County Clerk
By Pauline Millendore

FEE $10.00

Ret: Joe Watkins, 5219 Shasta Way, Klamath Falls 97603