

3724

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records UnitCERTIFICATE OF DEATH
ORS - 146

ATC # 0504 3458

Local File Number		State File Number	
377		October 3, 1984	
DECEASED - NAME		DATE OF BIRTH (MONTH, DAY, YEAR)	
BETH ANN THOMPSON		November 1, 1952	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	SEX	AGE - LAST BIRTHDAY (YEARS)	DATE OF DEATH (MONTH, DAY, YEAR)
White	Female	31	October 3, 1984
CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)	IF DECEASED IN HOME, INDICATE DOCTOR, NURSE, OR OTHER PERSON (SPECIFY)	COUNTY OF DEATH
Near Klamath Falls	Hwy 39 Milepost # 7.2		Klamath
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SPOUSE (IF MARRIED, WIDOWED)
Wyoming	U.S.A.	Married	Joseph
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
529 - 82 - 8438	Registered Nurse	Nursing	
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D. ZIP
Oregon	Klamath	Merrill	136 N. First / 97633
FATHER - NAME	MOTHER - FIRST MIDDLE LAST (MAIDEN NAME)	INFORMANT - NAME AND RELATIONSHIP TO DECEASED	
Stanley Pence	Beverly Bantle	Joseph Thompson / Husband	
BURIAL CREMATION, REMOVAL, MAUS, (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION - CITY OR TOWN STATE	
Burial	Malin Cemetery	Malin, Oregon	
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH SIGNATURE			
WARD'S - 1945 Main - Klamath Falls, Oregon - 97601			
CERTIFICATION - MEDICAL EXAMINER			
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (MONTH, DAY, YEAR)	DEATH OCCURRED (HOUR)	NATURAL CAUSE	ACCIDENT
October 3, 1984 / 6:55 A	6:30 A	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CERTIFIER - SIGNATURE	NAME - (TYPE OR PRINT)	HOMICIDE	UNDETERMINED
<i>George R. Nicholson</i>	George R. Nicholson, MD	<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL EXAMINER FOR:	DATE SIGNED (MONTH, DAY, YEAR)	DEGREE OR TITLE	
KLAMATH	October 4, 1984		
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	REGISTRAR (SIGNATURE)	INTERVAL BETWEEN ONSET AND DEATH	
OCT 5 1984	<i>Marian Ackerman</i>	<i>Interval</i>	
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)			
Crushing Injuries of head			
INTERVAL BETWEEN ONSET AND DEATH			
INTERVAL BETWEEN ONSET AND DEATH			
AUTOPSY (SPECIFY YES OR NO)			
No			
OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			
PART II			
DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	
October 3, 1984	Driver of an automobile involved in a two car acc.	Highway #39 / Milepost #7.2 / Klamath / Ore.	
INJ. AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F Highway #39 / Milepost #7.2 / Klamath / Ore.	
No	Highway		
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Marian Ackerman*, Deputy Registrar
Date OCT 9 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 1st day
of August A.D., 19 95 at 3:41 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 20123

FEE \$10.00

By *Bernetha G. Letcher* County Clerk