

53956

I.D. TAG NO.

99

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

Vol. m96 Page 22444

State File Number

21979

1. DECEDENT'S NAME First <u>Hattie</u> Middle <u>May</u> Last <u>HALL</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 24, 1989</u>
4. SOCIAL SECURITY NUMBER <u>540-16-8025</u>		5a. AGE - Last Birthday (Years) <u>89</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Touchet, Wash.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 23, 1899</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> EPOutpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>			
10. FACILITY NAME (If not institution, give street and number) <u>Mtn. View Care Center</u>		11. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
12. COUNTY OF DEATH <u>Klamath</u>		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Never Married</u>	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Telephone Operator</u>		15. KIND OF BUSINESS/INDUSTRY <u>Telephone Utility Co.</u>	
16. RESIDENCE - STATE <u>Oregon</u>		17. COUNTY <u>Klamath</u>	
18. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		19. STREET AND NUMBER <u>711 Washburn Way</u>	
20. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. ZIP CODE <u>97603</u>	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		23. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (9-12)</u>		25. College (1-4 or 5-) <u>12</u>	
26. FATHER - NAME first middle last <u>William - Hall</u>		27. MOTHER - NAME first middle maiden <u>Alva Alice Frakes</u>	
28. INFORMANT - NAME and relationship to deceased <u>Velma Reed, daughter</u>		29. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
30. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Linkville Cemetery</u>		31. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Meriel Seid</u>		33. LICENSE NUMBER (Of licensee) <u>3329</u>	
34. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc.</u>		35. ADDRESS AND ZIP OF FACILITY <u>515 Pine St., Klamath Falls, Ore. 97601</u>	
36. DATE FILED (Month, Day, Year) <u>FEB 27 1989</u>		37. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
38. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		39. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
40. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
41. TIME OF DEATH <u>4:11 P.</u>		42. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <u>(Signature) Alden G. Hadden M.D.</u>			
44. DATE SIGNED (Month, Day, Year) <u>February 27, 1989</u>			
45. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Alden G. Hadden, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon 97601</u>			
46. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
47. 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.			
48. (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Stroke</u>		49. Interval between onset and death <u>3 days</u>	
50. (b) DUE TO, OR AS A CONSEQUENCE OF: <u> </u>		51. Interval between onset and death <u> </u>	
52. (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I <u>Coronary Artery Disease, Post A.K. Angioplasty</u>		53. Interval between onset and death <u> </u>	
54. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		55. 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
56. 40a. DATE OF INJURY (Month, Day, Year) <u> </u>		57. 40b. TIME OF INJURY <u> </u>	
58. 40c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		59. 40d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
60. 41a. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		61. 41b. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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45-2 REV. 1-88

DATE ISSUED FEB 28 1989

Marian Ackerman
 MARIAN ACKERMAN
 COUNTY REGISTRAR
 KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of April Leifeste the 25th day
 of July A.D., 19 96 at 10:46 o'clock AM., and duly recorded in Vol. M96
 of Deeds on Page 22444

Bernetha G Letsch, County Clerk

FEE \$10.00

Return: April Leifste

By

4139 Summers Lane

Klamath Falls, Oregon 97602