

53958

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

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

CONDITIONS

IF ANY

WHICH

GIVE

RISE

TO

IMMEDIATE

CAUSE

STATING

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1. DECEDENT'S NAME First Hattie Middle May Last HALL		2. SEX F	3. DATE OF DEATH (Month, Day, Year) February 24, 1989
4. SOCIAL SECURITY NUMBER 540-16-8025		5a. AGE - Last Birthday (Years) 89	5b. Under 1 Year Mos. 0 Days 0 Hours 0 Mins. 0
6. BIRTHPLACE (City and State or Foreign Country) Touchet, Wash.		7. DATE OF BIRTH (Month, Day, Year) August 23, 1899	
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"/> Outpatient <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)			
10. FACILITY NAME (If not institution, give street and number) Mtn. View Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Telephone Operator		15. KIND OF BUSINESS/INDUSTRY Telephone Utility Co.	
16. RESIDENCE - STATE Oregon		17. COUNTY Klamath	
18. CITY, TOWN, OR LOCATION Klamath Falls		19. STREET AND NUMBER 711 Washburn Way	
20. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. ZIP CODE 97603	
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) White	
24. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		25. ELEMENTARY/Secondary (9-12) College (14 or 5+)	
26. FATHER - NAME first middle last William - Hall		27. MOTHER - NAME first middle maiden Alva Alice Frakes	
28. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Linkville Cemetery	
30. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Meriel Seal</i>		31. LICENSE NUMBER (Of Licensee) 3329	
32. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		33. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
34. DATE FILED (Month, Day, Year) FEB 27 1989		35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
36. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 4:11 P. M. 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>(Signature)</i> February 27, 1989		39. 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. <i>(Signature)</i> February 27, 1989	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Alden Gidden, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon 97601		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
42. 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.) PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Stroke (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 RA, Cerebral Aneurysm, Post A.K. Amputation			
43. 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		44. DATE OF INJURY (Month, Day, Year) February 27, 1989	
45. TIME OF INJURY M		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		48. DESCRIBE HOW INJURY OCCURRED	
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		50. YES were findings corroborated by determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

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

452 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
 By *(Signature)*

FEE \$10.00

Return: April Leifeste

4139 Summers Lane

Klamath Falls, Oregon 97602