25986 | 25341 I.D. TAG NO. | Local File Number

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

138- State File Number

Vol. M96 Page 31100

MT39467MS

1. DECEDENT'S NAME First: LAURA	Middle: MAY	Last: HERYFORD	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): Jan. 2, 1988	
4. SOCIAL SECURITY NUMBER: 557 / 36 / 0013	5a. AGE - Last Birthday (Years): 59	5b. UNDER 1 YEAR Mos. Days	5c. UNDER 1 DAY Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country): San Rafael, Ca.	7. DATE OF BIRTH (Month, Day, Year): Oct. 29, 1928
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	9a. PLACE OF DEATH (Check only one) HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): Rogue Valley Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH: Medford		9d. COUNTY OF DEATH: Jackson	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Housewife	10b. KIND OF BUSINESS/INDUSTRY: At Home	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): William		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Midland	13d. STREET AND NUMBER: 576 Miller Island Road		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97634	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE - American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): - College (1-4 or 5+):	
17. FATHER - NAME first middle last: Harry - Fairless	18. MOTHER - NAME first middle maiden: Etta - Holcomb	19. INFORMANT - NAME and relationship to deceased: William Heryford / Husb.			
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens	20c. LOCATION - City or Town, State: Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster	21b. LICENSE NUMBER (Of Licensee): 3224	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Oregon / 97601			

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1140 M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) Craig Bennett M.D.
26. DATE SIGNED (Month, Day, Year): January 4, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Craig Bennett, MD / 1905 Main Street / Klamath Falls, Oregon / 97601

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

32. 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	Cause	Interval between onset and death
(a)	Lymphoma	2 - 3 Mos
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)

33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Undetermined Manner ☐ Homicide
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

37. REGISTRAR'S SIGNATURE: Donna L. Collins
38. DATE FILED (Month, Day, Year): JAN 5 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
40. WAS GIFT MADE? ☒ YES ☐ NO ☐ N/A

'96 OCT -1 AM 11:53

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

JACKSON COUNTY HEALTH DEPARTMENT (SEAL)

DATE JAN 6 1988

Henry W. Collins, Jr.
REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ameritititle the 1st day of October A.D., 19 96 at 11:53 o'clock A. M., and duly recorded in Vol. M96 of Deeds on Page 31100.

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE $10.00