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38462

224039
I.D. TAG NO.
02
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S First NAME: Martha | Middle: Edith | Last: CROSSFIELD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 2, 1997
4. SOCIAL SECURITY NUMBER: 440-78-1099
5a. AGE-Last Birthday (Years): 91 | If Under 1 Year: Months / Days / Hours / Minutes
6. If DEATH OCCURRED IN HOSPITAL: Inpatient / ER/Outpatient / DOA / OTHER
6a. PLACE OF DEATH (Check only one): Hospital (Specify) / Nursing Home / Residence / Other (Specify): Foster care
6b. FACILITY NAME (If not in hospital, give street and number): 2703 Darrow
6c. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
6d. COUNTY OF DEATH: Klamath
7. DATE OF BIRTH (Month, Day, Year): June 18, 1905
8. STATE OR FOREIGN COUNTRY OF BIRTH: Beaver Falls, ME
9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
9b. KIND OF BUSINESS/INDUSTRY: Rest Home
10. MARITAL STATUS: Married / Never Married / Married, Separated / Divorced / Widowed
11. SURVIVING SPOUSE (If Married, Widow(er)): Marion
12. RESIDENCE-STATE: Oregon
13. COUNTY: Klamath
14. CITY, TOWN OR LOCATION: Klamath Falls
15. STREET AND NUMBER: 4140 Fargo
16. INSIDE CITY LIMITS? Yes / No
17. ZIP CODE: 97603
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes-Mexican, Puerto Rican, etc.) Specify:
19. RACE - American Indian, Black, White, etc. (Specify): White
20. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 / College (1-4 or 5+)
21. FATHER - NAME First, Middle, Last: Sanford Henry Hollingshead
22. MOTHER (Maiden) First, Middle, Maiden: Edith Nee McKlown
23. INFORMANT - NAME and relationship to deceased: Edith Holzhouser - daughter
24a. METHOD OF DISPOSITION: Burial / Cremation / Removal from State / Donation / Other (Specify) / Mausoleum
24b. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.): Klamath Memorial Park
24c. LOCATION - City or Town, State: Klamath Falls, Oregon
25a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
25b. LICENSE NUMBER (If Licensed): 3607
25c. NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
26. DATE FILED (Month, Day, Year): JAN 06 1997
27. REGISTRAR'S SIGNATURE: Evelyn Simpson
28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? Yes / No / Unk
28a. WAS GIFT MADE? YES / NO / N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0815 M
28. WAS MEDICAL EXAMINER NOTIFIED? Yes / No
29. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature): Carol Fellows MD
30. DATE SIGNED (Month, Day, Year): 1 3 97
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Physician) (Type or Print): Carol Fellows, MD 2610 Uhrmann Rd., Klamath Falls, OR 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a. DATE OF DEATH: M
33b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
34. 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. (Signature)
35. DATE SIGNED (Month, Day, Year) COUNTY

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) PART I
(a) Transitional cell carcinoma of the urinary bladder
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Enter the interval between onset and death: (a) 2 yrs 6 wks; (b) 4 mos; (c)
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I: Hypertension; osteoporosis
Metastatic to bone
37. Did tobacco use contribute to death? Yes / No / Probably / Unknown
38. AUTOPSY? Yes / No
39. Were injuries considered as contributing cause of death? Yes / No / N/A
40. MANNER OF DEATH: Natural / Accident / Suicide / Homicide / Pending Investigation / Undetermined / Could not be determined / Legal Intervention / Other
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. I HEREBY CERTIFY, THAT INJURY OCCURRED: Yes / No
41d. PLACE OF INJURY (Including City, Specify)
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: MAY 27 1997

Marlene Elevins
MARLENE ELEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Debbie Hurlbut the 30th day of May A.D. 19 97 at 1:09 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 16572

Return: Debbie Hurlbut
4140 Fargo
KFO 97603

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Kane