CERTIFICATION OF VITAL RECORD

JUL -2 PM 3:28

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol M99 Page 26666

TYPE OR PRINT IN PERMANENT BLACK INK

H-07280
LO. TAG NO.
99
Local File Number

K-53883

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

136

97-004086
State File Number

1. DECEDENT'S NAME: First: Ruth; Middle: Mary; Last: CLIFF
2. SEX: Fem.
3. DATE OF DEATH (Month, Day, Year): Feb. 18, 1997
4. SOCIAL SECURITY NUMBER: 290 24 2626
5a. AGE-Last Birthday (Years): 76
5b. If Under 1 Year: Mos. / Days
5c. If Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Cincinnati, OH
7. DATE OF BIRTH (Month, Day, Year): Nov. 5, 1920
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ Other: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Charles F.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 612 Airway Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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): 11; College (1-4 or 5+):
17. FATHER - NAME first middle last: Alto Leslie Collins
18. MOTHER - NAME first middle maiden: Hilda - Tomasack
19. INFORMANT - NAME and relationship to deceased: Ruth Wery / Daughter
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Simonsen Crematory
20c. LOCATION - City or Town, State: Ashland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (If Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601
23. DATE FILED (Month, Day, Year): FEB 21 1997
24. REGISTRAR'S SIGNATURE
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

1 02
2 01
3 914
4 961
5
6
7 01
8 11
9 182

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: JUN 25 1999

EDWARD J. JOHNSON II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFTER RECORDING RETURN TO: RUTH WERY
10948 E 4TH WAY
AURORA, CO 80010

26667

State of Oregon, County of Klamath
Recorded 7/02/99, at 3:28 p. m.
In Vol. M99 Page 26666
Linda Smith,
County Clerk Fee$ 15 KR

111112