

9891

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

M66 10087

CERTIFIED COPY OF DEATH RECORD

| | | | |
|--|---|--|---|
| LOCAL REGISTRAR'S NUMBER 80 | | STATE FILE NO. DATE RECEIVED | |
| 1. NAME OF DECEASED (Type or print all entries in black ink) | | First Middle Last CON K MURPHY | |
| 2. PLACE OF DEATH A. COUNTY Klamath | | 3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath | |
| B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls | | C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls- rural | |
| D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Presbyterian Intercommunity Hospital | | D. STREET ADDRESS, RURAL ROUTE, ETC. Rt. 1, Box 638 | |
| 4. DATE OF DEATH Month Day Year March 1 1966 | 5. SEX Male | 6. COLOR OR RACE White | 7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married |
| 8. SOCIAL SECURITY NO. 544-42-9845 | 9. USUAL OCCUPATION (Kind of work done during most of life) Rancher | 10. KIND OF BUSINESS OR INDUSTRY Sheep ranch | 11. NAME OF SPOUSE Kate Murphy |
| 12. DATE OF BIRTH Month Day Year December 30 1899 | 13. AGE LAST BIRTHDAY 66 | 14. BIRTHPLACE (State or Foreign Country) New Market, Co. Cork, Ireland | |
| 15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country | | 16. IF DECEASED WAS A VETERAN, WHAT WAR? No | |
| 17. NAME OF FATHER Michael Murphy | | 18. MAIDEN NAME OF MOTHER Mary Kenneally | |
| 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Kate Murphy Wife | | Interval Between Onset and Death (Years, days, hours, etc.) 3 wks | |
| 20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Congestive Heart Failure DUE TO (B): Arteriosclerotic Heart Disease DUE TO (C): Conditions, if any, which gave rise to above cause (a), stating the underlying cause last | | | |
| PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): 21. If deceased female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work | |
| 25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) | | 25B. City County State | |
| 26. TIME OF INJURY Hour Month Day Year P. M. | | 27. DESCRIBE HOW INJURY OCCURRED. | |
| 28. CERTIFICATE: I certify that I attended the deceased from or on Jan 1958 to March 1, 1966, and that the death occurred at 8:15 p. m. from the causes and on the date stated above. Mark S. Kochevar, M.D. Klamath Falls, Oregon 3/3/66 (Signature) (Title) (Date Signed) | | | |
| 29. RESERVED FOR REGISTRAR'S USE | | | |
| 30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other | | 30B. DATE 3/4/66 | |
| 30C. NAME OF CREMATORY OR CEMETERY Mt. Calvary cemetery | | 30D. LOCATION (City or Town) State Klamath Falls, Oregon | |
| 31. DATE RECEIVED BY LOCAL REGISTRAR 3-3-66 | | 32. REGISTRAR'S SIGNATURE Marian Ackerman | |
| 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Klamath Falls, Oregon | | | |

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital StatisticsBy Marian Ackerman
Deputy

Date March 3, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of J. A. Giamonini
this 17 day of Oct A.D. 1966 at 4:04 P M., and
duly recorded in Vol. M-66, of Deeds on Page 10087
Fee 1.50 DOROTHY ROGERS, County Clerk
By

37