Dr Merryman
6 copies

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

FORM VS-2

LOCAL REGISTRAR'S NUMBER 345 28561

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. 53
DATE RECEIVED VOL. M69 PAGE

1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last: William R. Behrendt

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 26 yrs
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): P. I. Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 1052 Lakeshore Drive

4. DATE OF DEATH (Month Day Year): November 6, 1968
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: XX Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 340-14-5771A
9. USUAL OCCUPATION (Kind of work done during most of life): retired carpenter
10. KIND OF BUSINESS OR INDUSTRY: building
11. NAME OF SPOUSE: Hazel Behrendt

12. DATE OF BIRTH (Month Day Year): March 16, 1898
13. AGE LAST BIRTHDAY: 70 Yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HOURS: Hours Minutes

14. BIRTHPLACE (State or Foreign Country): Pine City, Minnesota
15. WAS DECEASED A CITIZEN OF: XX U.S. ☐ Foreign Country Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: WW I

17. NAME OF FATHER: no record
18. MAIDEN NAME OF MOTHER: no record
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Hazel Behrendt, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B) AND (C))

		Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Cardiac arrest	[illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B):	Asthma	20 yrs
DUE TO (C):	Emphysema	10 yrs

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 was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes X☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY Hour ____ a.m. ____ p.m. Month Day Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) ~~(investigated the death of)~~ the deceased from or on March 1966 (date) to Nov. 6, 1968 (date) and that the death occurred at 12:17a. m. from the causes and on the date stated above.
John D. Merryman (Signature) M.D. (Title) Klamath Falls, Oregon (Address) Nov. 6, 1968 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: XX Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 11/8/68
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-8-68
32. REGISTRAR'S SIGNATURE: Marian Ahrens
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature] 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.

S. M. KERRON, M. D.
Registrar Vital Statistics

(SEAL)

By Mary Nelson
Deputy Registrar

Date NOV 8 1968 19

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss.
Filed for record at request of

on this 3rd day of January A.D. 19 69
at 2:45 o'clock P. M. and duly recorded in Vol. M 69 of Deeds
Page 53

DOROTHY ROGERS, County Clerk
By [signature] Deputy

Fee 1.50

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