34102

Vol. M69 PAGE 6545

LOCAL REGISTRAR'S NUMBER 166

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH :: PORTLAND
PUBLIC HEALTH SERVICE

'66 007109

STATE FILE NO.

DATE RECEIVED MAY 25 1966

MARGIN RESERVED FOR BINDING — INSTRUCTIONS: THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS SO THAT IT MAY BE CODED AND CLASSIFIED

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or print all items in black ink) — First: HERBERT; Middle: BENJIMAN; Last: KIRKPATRICK

2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION: Klamath Falls; C. LENGTH OF STAY IN 20 years; D. NAME OF HOSPITAL OR INSTITUTION: Pendaresa Nursing Home

3. USUAL RESIDENCE — A. STATE: Oregon; B. COUNTY: Klamath; C. CITY, TOWN OR LOCATION: Klamath Falls; D. STREET ADDRESS, RURAL ROUTE, ETC: 5535 Leland Drive

4. DATE OF DEATH: May 6 1966

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 570-09-3543

9. USUAL OCCUPATION (Kind of work done during most of life): Retired Mill worker

10. KIND OF BUSINESS OR INDUSTRY: Saw mills

11. NAME OF SPOUSE: L. Norine Kirkpatrick

12. DATE OF BIRTH: October 20 1883

13. AGE LAST BIRTHDAY: 82 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Sherman, Texas

15. WAS DECEASED A CITIZEN OF U.S.? ☒ Yes ☐ Foreign Country (Name of Country)

16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER: Mack Kirkpatrick

18. MAIDEN NAME OF MOTHER: Ella Hull

19. INFORMANT'S NAME AND: L. Norine Kirkpatrick (Wife)

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary thrombosis — Interval Between Onset and Death: 1 day

Conditions, if any, which gave rise to the above cause (A), stating the underlying cause last — DUE TO (B): Arteriosclerosis — 15 years

DUE TO (C):

PART II. Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in Part I (a).

21. If accident, injury or poisoning, state whether pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown

22. Was an Autopsy performed? ☐ Yes ☒ No

23. Was DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide

24. If ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work

25A. PLACE OF INJURY (Home or Farm, Factory, Street, etc.)

25B. City, County, State

26. TIME OF INJURY: Hour, Month, Day, Year

27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I certify that I (attended) (last saw) the deceased from 4-22-66 to 5-6-66 and that the death occurred at 1:50a from the causes and on the date stated above. (Signature) (Title) M.D., Klamath Falls, Oregon 5.6.66 (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 420.0

30. DISPOSITION: ☐ Burial ☐ Cremation ☐ Other — DATE: 5/9/66 — NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park — LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 5-7-66

32. REGISTRAR'S SIGNATURE: Marian Yahne

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Wilard Klamath Falls, Oregon

MARGIN RESERVED FOR FILING

STATE OF OREGON, COUNTY OF MULTNOMAH } ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED July 24 1969

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Norene Kirkpatrick

this 29th day of July A. D. 1969 at 10:36 o'clock A. M., and duly recorded in Vol. M-69, of Deeds on Page 6545

Fee $1.50

Wm D. MILNE, County Clerk

By Marian K. Houstman Deputy