65721

2361
Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M72 Page 7091
State File Number

DECEASED

1. DECEASED—NAME (First / Middle / Last)	Clarence / Herbert / UHRINE					2. DATE OF DEATH (month, day, year)	April 23, 1972
3. RACE White, Negro, American Indian, etc. (specify)	white	4. SEX	male	5a. AGE—Last birthday (years)	61	6. DATE OF BIRTH (month, day, year)	July 15, 1910
7a. COUNTY OF DEATH	Multnomah	7b. CITY, TOWN, OR LOCATION OF DEATH	Portland	7c. Inside City Limits (specify yes or no)	yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Veterans Administration
8. STATE OF BIRTH (If not in U.S.A., name country)	Colorado	9. CITIZEN OF WHAT COUNTRY	U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	never married	11. NAME OF SPOUSE	
12. SOCIAL SECURITY NUMBER	~~541-03-2743~~ 541-03-2473	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	lumber worker			13b. KIND OF BUSINESS OR INDUSTRY	
14a. RESIDENCE—STATE	Oregon	14b. COUNTY	Klamath	14c. CITY, TOWN, OR LOCATION	Klamath Falls	14d. Inside City Limits (specify yes or no)	14e. STREET AND NUMBER OR R.F.D. 1525 Ivory St.
15. FATHER—NAME first middle last	George Uhrine	16. MOTHER—Maiden Name first middle last	Minnie (unkn.) Uhrine	17. INFORMANT—NAME and relationship to deceased	VA Records		

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause: Arteriosclerotic heart disease with old healed
(a) myocardial infarct and mural thrombus formation.
due to, or as a consequence of:
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (c).

19a. AUTOPSY (yes or no)	19b. IF YES were findings considered in determining cause of death
Yes	Yes

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
No		M.	

20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)
No		

CERTIFIER

21. CERTIFICATION—PHYSICIAN: X attended the deceased from:	month day year	to month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
VA	April 23, 1972		April 23, 1972	Did	12:30a M.	

22a. PHYSICIAN—SIGNATURE: J. R. Orendurff
22b. NAME (type or print) degree or Title: JAMES R. ORENDURFF, M. D.
22c. DATE SIGNED (month, day, year): April 24, 1972
23. MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip): 3181 S. W. Jackson Park Road / Portland / Oregon / 97201

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town state	24d. DATE (mo., day, year)
Burial	~~Klamath~~ Memorial Park	Klamath Falls, Oregon	4-26-72

25a. FUNERAL DIRECTOR—SIGNATURE: B Douglas Pratt
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Wards Klamath Funeral Home, Klamath Falls, Oregon

26a. REGISTRAR—SIGNATURE: [illegible]
26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 26 1972
27. DATE RECEIVED BY STATE REGISTRAR: MAY - 8 1972

RESERVED FOR REGISTRAR'S USE
28. Items #12, 16, & 24b corrected per supplemental 4/26/72 [illegible]

VS-2 R-69

4123 — 182 0

STATE OF OREGON
County of Multnomah

May 17, 1972
DATE ISSUED

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 Health Division and in my official care and custody.

[illegible]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

JUN 29 2 06 PM 197

Filed for record at request of H. A. McClurg

this 29th day of June A. D., 19 72 at 2:06 o'clock P M., and duly recorded in Vol. M72, of Deeds on Page 7091

Fee $2.00

WM. D. MILNE, County Clerk
By Lucia Acuña