7752

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION Vol. M-12 Page 7181

# CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 287 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print in ink): First WALTER Middle RICHARD Last HARRINGTON

2. PLACE OF DEATH: A. COUNTY Klamath; B. CITY OR TOWN OR LOCATION Klamath Falls; C. LENGTH OF STAY IN THIS PLACE 39 years

3. USUAL RESIDENCE: A. STATE Oregon; B. COUNTY Klamath; C. CITY, TOWN OR LOCATION Klamath Falls; D. STREET ADDRESS, RURAL ROUTE, ETC. 3939 Bisbee

4. DATE OF DEATH: Month October; Day 13; Year 1964

5. SEX: Male

6. COLOR OR RACE: White

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

8. SOCIAL SECURITY NO. 449-10-1000

9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10. KIND OF BUSINESS OR INDUSTRY: Bly Pr. Co.

11. NAME OF SPOUSE: Marie B. Harrington

12. DATE OF BIRTH: Month September; Day 24; Year 1903

13. AGE LAST BIRTHDAY (Years): 61

If UNDER 1 YEAR: Months ___ Days ___ If UNDER 24 HOURS: Hours ___ Minutes ___

14. BIRTHPLACE (State or Foreign Country): Council, Idaho

15. WAS DECEASED A CITIZEN OF THE U.S.? ☒ Yes ☐ No (Specify Country) ___

16. IF DECEASED WAS A VETERAN, WHAT WAR: WW. # 1

17. NAME OF FATHER: Ister C. Harrington

18. MAIDEN NAME OF MOTHER: Cora Kelley

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Marie Harrington (Wife)

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Heart Failure — Interval Between Onset and Death: 3 minutes

Conditions, if any, DUE TO (B): Coronal thrombus accident — 2 years

which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (C): Atherosclerosis — many years

PART II. Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (a).

21. Was Operation Performed for any Condition in Item 20 or Part II? ☐ Yes ☐ No

22. Was an Autopsy Performed? ☐ Yes ☒ No

23. Was Death Result of: ☐ Accident ☐ Suicide ☐ Homicide

24. If Accident, Suicide or Homicide: Date of Injury: Month ___ Day ___ Year ___ Hour ___ A.M. P.M.

25A. Place of Injury (e.g., Home, Factory, Street, Office Bldg., etc.)

25B. City ___ County ___ State ___

26. Injury Occurred: ☐ In or About Home ☐ At Work ☐ Not in or About Home

27. Describe How Injury Occurred

28. MEDICAL CERTIFICATE: I attended the deceased from Oct. 13, 1964 to Oct. 13, 1964. I last saw the deceased alive on Oct. 13, 1964. Death occurred at 1962 hours. To the best of my knowledge, death occurred at the time, date and place, and due to the cause stated.

Don Michael, M.D. (Signature) — Klamath Falls, Oregon (Address) — 10/13/64 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30. DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation — DATE 10/16/64 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY REGISTRAR: 10/23/64 — 32. REGISTRAR'S SIGNATURE: Marian Robinson — 33. FUNERAL DIRECTOR (Name and Address): Wm F. Kendall 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 Deputy Marian Robinson

Date October 13, 1964

V.S. 18-2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MARIE HARRINGTON

this 11th day of JUNE A. D., 19 73 at 11:28 o'clock A M., and duly recorded in

Vol. M 73, of DEEDS on Page 7181

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil

Return to Marie Harrington
3938 Bisbee St. City