STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 117

Registrar's File Number

DECEASED—NAME: Harold V. Mollenkopf (First, Middle, Last)
1. RACE White, Negro, American Indian, etc. (specify)
2. SEX Male
2a. AGE-last birthday (years) 46
2b. Under 1 Year: mos. days; Under 1 Day: hours min.
2c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath Falls, Oregon
3. COUNTY OF DEATH Klamath
4. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls
5a. Inside City Limits (specify yes or no) Yes
5b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
6. DATE OF BIRTH (month, day, year) July 15, 1926
7a. STATE OF BIRTH (If not U.S.A. name of country) California
7b. CITIZEN OF WHAT COUNTRY U.S.A.
8. SOCIAL SECURITY NUMBER 566-24-7777
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Photography Studio Owner
10. KIND OF BUSINESS OR INDUSTRY Photography
11. NAME OF SPOUSE Marcia F. Mollenkopf
12. RESIDENCE—STATE Oregon
13a. STREET AND NUMBER 2430 Applegate St.
13b. CITY, TOWN, OR LOCATION Klamath Falls
14a. COUNTY Klamath
14b. INSIDE CITY LIMITS (specify yes or no) Yes
14c. FATHER—NAME (First, Middle, Last) Emerson Mollenkopf
14d. MOTHER—Maiden Name (First, Middle, Last) Leona Ames
15. INFORMANT—NAME and relationship to deceased Marcia F. Mollenkopf, Wife
16. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) approximate interval between onset and death

DECEASED — Usual residence of deceased (if not in institution, give residence before admission).

CAUSE

PART I. DEATH WAS CAUSED BY:
(Immediate Cause)
1. (a) Coronary occlusion due to, or as a consequence of:
2. (b) Arteriosclerotic heart disease due to, or as a consequence of:
3. (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

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

17. AUTOPSY (yes or no) Yes
18. IF YES were findings considered in determining cause of death Yes
19. DATE OF INJURY (month, day, year)
20. HOUR
20a. INJURY AT WORK (specify yes or no)
20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20c. LOCATION (street or R.F.D. No., city or town, county, state)
20d.
20e.
20f. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)

MEDICAL INVESTIGATOR

CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:
DEATH OCCURRED (hour) 3:30 P.M. (month) April 8, (day) (year) 1973
THE DECEDENT WAS PRONOUNCED DEAD (hour) 3:30 P.M. (month) (day) (year)
21a. CERTIFIER—SIGNATURE
21b. MEDICAL INVESTIGATOR: Klamath
21c. NAME—(type or print) Veldon Boge
22a. Natural Causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐ Degree or Title M.D.
22b. DATE SIGNED (month, day, year) April 10, 1973
23. BURIAL, CREMATION, REMOVAL, MAUSE, (specify) Burial
24a. CEMETERY OR CREMATORY—NAME Klamath
24b. FUNERAL HOME—NAME AND ADDRESS Eternal Hills
24c. LOCATION (street, city or town, state, zip) Klamath Falls, Oregon
24d. DATE (month, day, year) 4-12-73
25a. FUNERAL DIRECTOR—SIGNATURE #59
25b. FUNERAL HOME—NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.
25c. DATE RECEIVED BY LOCAL REGISTRAR April 10, 1973
26a. REGISTRAR—SIGNATURE
26b. DATE RECEIVED BY STATE REGISTRAR April 10, 1973
27. RESERVED FOR REGISTRAR'S USE
28.

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

MAR 18 11 34 AM 1974 Vol M74 Page 3478

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

(SEAL)

By Marcia Mollenkopf, Deputy Registrar
Date APR 10 1973 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of MARCIA MOLLENKOPF
this 18th day of MARCH A. D., 19 74 at 11:34 o'clock AM., and duly recorded in
Vol. M 74, of DEEDS on Page 3478
WM. D. MILNE, County Clerk
FEE $ 2.00 By Margaret Wagner Deputy

Ret: Marcia Mollenkopf
2430 Applegate
K.F.