8/3

1 16 PM 1974

93957

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number

DECEASED

1. DECEASED—NAME: First Verl; Middle G.; Last Searcy
2. DATE OF DEATH (month, day, year): 7-7-74
3. DATE OF BIRTH (month, day, year): 3-19-09
4. RACE (White, Negro, American Indian, etc. (specify): White
5. SEX: Male
6. AGE (Last birthday (years): 65
   Under 1 year: months / days / hours / min.
7. COUNTY OF DEATH: Klamath
7a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (Inpatient only, give only name of hospital or institution): Yes. Pres. Intercom. Hospt.
7c. Inside City Limits (Inside City Limits on map) (specify yes or no): Yes
7d. STATE OF BIRTH (If not U.S.A., name country): MISSOURI
8. CITIZEN OF WHAT COUNTRY: U.S.A.
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
10. SOCIAL SECURITY NUMBER: 701-10-7794
11. NAME OF SPOUSE: Teresa Searcy
12. RESIDENCE—STATE: Oregon
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Conductor
13a. KIND OF BUSINESS OR INDUSTRY: Great Northern R.R.
13b. STREET AND NUMBER OF R.F.D.: 325 N 3rd St.
13c. CITY, TOWN, OR LOCATION: Klamath Falls
14. COUNTY: Klamath
14a. Inside City Limits (Inside City Limits on map) (specify yes or no): Yes
15. FATHER—NAME first middle last: George W. Searcy
16. MOTHER—Maiden Name first middle last: Alta Gilreath
17. INFORMANT—NAME and RELATIONSHIP TO DECEASED: Teresa Searcy, Wife

Usual residence where deceased lived. If death occurred in institution, give last residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (enter only one cause per line for (a), (b), and (c))

18. Immediate cause (a) A coronary artery occlusion
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: due to, or as a consequence of (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 (a)

1. Hard
2.
3.

ACCIDENT (specify yes or no) | DATE OF INJURY (month, day, year) | HOUR
INJURY AT WORK (specify yes or no) | PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) | LOCATION (street or R.F.D. No., city or town, county, state)
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

CERTIFICATION—PHYSICIAN: I attended the deceased from: 6-14-74 to 7-7-74 (month day year) And last saw him/her alive on: 7-7-74 (month day year)

AUTOPSY (yes or no): NO
If YES, were findings considered in determining cause of death (yes or no):
I'd certify that I view the body after death. (specify)

CERTIFIER

21. PHYSICIAN—SIGNATURE AND ADDRESS: Everett E. Howard M.D.
22. NAME (type or print): Everett E. Howard, M.D.
22a. MAILING ADDRESS—PHYSICIAN: 2622 Campus Dr., Klamath Falls, Oregon 97601
DEATH OCCURRED: 11:35 PM
DATE SIGNED (month, day, year): 7-8-74
I attended the deceased from the date of the last visit to the deceased, which was the date of any known death, and to the best of my knowledge, death occurred at the time, date, place, and due to the cause stated.

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
CEMETERY OR CREMATORY—NAME: Keno Cemetery
LOCATION (city or town, state): Keno, Oregon
24. FUNERAL DIRECTOR AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
24a. FUNERAL DIRECTOR—SIGNATURE
24b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 1 1974
25. REGISTRAR'S SIGNATURE
26. RESERVED FOR REGISTRAR'S USE
27. DATE RECEIVED BY STATE REGISTRAR
28.

VS-2 R-69

8614

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 Marian Scherman, Deputy Registrar
Date JUL 11 1974 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mr. Verl G. Searcy

this 15th day of July A. D., 19 74 at 1:12 o'clock M., and duly recorded in

Vol. M 74 of Deeds on Page 8614

WM. D. MILNE, County Clerk

Fee $ 2.00

By Carol Gheller Deputy