

14726

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

5681

Vol. 76 Page 11

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER <u>20</u>		STATE FILE NO. <u>5681</u>	
1. DATE OF DECLARATION <u>January 18, 1976</u>		DATE RECEIVED <u>January 23, 1976</u>	
2. PLACE OF DEATH A. COUNTY <u>Klamath</u>		B. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	
3. NAME OF HOSPITAL <u>Hillside Hospital</u>		4. STREET ADDRESS, RURAL ROUTE, ETC. <u>313 Lowell</u>	
5. DATE OF DEATH <u>January 18, 1976</u>		6. SEX <u>Male</u>	
7. RACE <u>White</u>		8. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
9. SOCIAL SECURITY NO. <u>544-1-1099</u>		10. USUAL OCCUPATION <u>Laborer</u>	
11. NAME OF SPOUSE <u>Marie Harrison</u>		12. NAME OF FATHER <u>Robert Harrison</u>	
13. NAME OF MOTHER <u>Rebecca Bryn</u>		14. NAME OF DECEASED <u>Marie Harrison (Wife)</u>	
15. CAUSE OF DEATH PART I: IMMEDIATE CAUSE (A) <u>Cerebral occlusion</u>		PART II: INTERMEDIATE CAUSE (B) <u>2 hours</u>	
16. DUE TO (A) <u>Arteriosclerosis</u>		17. DUE TO (B) <u>15 years</u>	
18. DUE TO (C) <u>15 years</u>		19. DUE TO (D) <u>15 years</u>	
20. PART III: OTHER SIGNIFICANT CONDITIONS Contributing to Death but not related to the immediate cause (A) <u>Myocardial infarction</u>		21. IF DECEASED WAS FEMALE, WAS THERE A PREGNANCY IN THE PART 15 MONTHS PRECEDING DEATH? <u>No</u>	
22. WAS DEATH RESULT OF: <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Unknown		23. PLACE OF INJURY <input checked="" type="checkbox"/> Home <input type="checkbox"/> Street <input type="checkbox"/> Farm <input type="checkbox"/> Other	
24. TIME OF INJURY <u>10:15 AM</u>		25. DESCRIBE HOW INJURY OCCURRED <u>Heart attack</u>	
26. CERTIFICATE <u>1018/76</u>		27. SIGNATURE OF REGISTRAR <u>W. D. Milne</u>	
28. RESERVE FOR REGISTRAR'S USE		29. SIGNATURE OF FUNERAL DIRECTOR <u>W. D. Milne</u>	
30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other		31. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	
32. DATE RECEIVED BY REGISTRAR <u>1/23/76</u>		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. D. Milne, Klamath Falls, Oregon</u>	

STATE OF OREGON

County of KlamathThis certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

W. D. Milne, M.D.
Registrar, Vital StatisticsBy W. D. Milne
Date January 23, 1976

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of JUNE A.D., 19 76 at 1:54 o'clock P.M., and duly recorded in Vol. M 76 of DEEDS on Page 8681.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By W. D. Milne Deputy