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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M76 Page 10051

414
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

DECEASED—NAME (First, Middle, Last) 1. HARVEY RAYMOND MEACHAM			DATE OF DEATH (month, day, year) 2. December 11, 1975
RACE (White, Negro, American Indian, etc. (specify)) 3. White	SEX 4. Male	AGE—Last birthday (years) 5a. 57	Under 1 year: mos. 5b. days; Under 1 day: hours 5c. min.
			DATE OF BIRTH (month, day, year) 6. December 26, 1917
COUNTY OF DEATH 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls	Inside City Limits (specify yes or no) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. Presbyterian Intercommunity
STATE OF BIRTH (If not in U.S.A., name country) 8. Washington	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Betty J. Meacham
SOCIAL SECURITY NUMBER 12. 541-18-6093	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Logger		KIND OF BUSINESS OR INDUSTRY 13b. Woods
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Klamath	CITY, TOWN, OR LOCATION 14c. Klamath Falls	Inside City Limits (specify yes or no) 14d. Yes; STREET AND NUMBER OR R.F.D. 14e. 1726 Crescent Avenue
FATHER—NAME (first middle last) 15. Marion - Meacham	MOTHER—Maiden Name (first middle last) 16. Violet McPherson		INFORMANT—NAME and relationship to deceased 17. Betty J. Meacham (Wife)

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

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
(a) Cardiogenic shock — 20 min
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Acute anterior infarction — 2 days
due to, or as a consequence of:
(c) ASHD

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

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

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

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

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. 12-10-75 (month day year) to 12-11-75 (month day year) — And Last Saw Him/Her Alive on: 12-11-75 (month day year) — I Did/Did Not view the body after death (specify): did — DEATH OCCURRED (hour) 9:00 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE 22a. Blake Berven M.D. — NAME (type or print) degree or Title 22b. Blake Berven, M.D. — DATE SIGNED (month, day, year) 22c. December 11, 1975

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip) 23. Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial — CEMETERY OR CREMATORY—NAME 24b. Eternal Hills Mem. Gar. — LOCATION (city or town, state) 24c. Klamath Falls, Oregon — DATE (mo., day, year) 24d. Dec. 15, 1975

FUNERAL DIRECTOR—SIGNATURE 25a. — FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE 26a. Marian Scherman — DATE RECEIVED BY LOCAL REGISTRAR 26b. DEC 12 1975 — DATE RECEIVED BY STATE REGISTRAR 27.

RESERVED FOR REGISTRAR'S USE 28.

VS-2 R-69

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

By Marian Scherman Deputy Registrar
Date DEC 12 1975 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of July A.D., 19 76 at 10:33 o'clock A M., and duly recorded in Vol. M76, of Deeds on Page 10051

WM. D. WILNE, County Clerk
By Bernice Bybee Deputy

FEE $3.00

Betty J. Meacham
1726 Crescent Ave.