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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. 76 Page 10650

Local File Number 7

CERTIFICATE OF DEATH

State File Number

DECEASED

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

DECEASED—NAME First Middle Last 1.	Mike - Yerkovich
DATE OF DEATH (month, day, year) 2.	January 6, 1974
RACE White, Negro, American Indian, etc. (specify) 3.	White
SEX 4.	Male
AGE—Last birthday (years) 5a.	78
Under 1 year (mos., days) 5b.	
Under 1 day (hours, min.) 5c.	
DATE OF BIRTH (month, day, year) 6.	May 11, 1895
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.	Pres. Intercomm. Hospt.
STATE OF BIRTH (if not in U.S.A., name country) 8.	Yugoslavia
CITIZEN OF WHAT COUNTRY 9.	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10.	Married
NAME OF SPOUSE 11.	Kate Yerkovich
SOCIAL SECURITY NUMBER 12.	R.R. A-886049
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a.	Car Repair
KIND OF BUSINESS OR INDUSTRY 13b.	Great Northern R.R.
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.	151 N. Williams
FATHER—NAME first middle last 15.	Demitri Yerkovich
MOTHER—Maiden Name first middle last 16.	Helen Yerkovich
INFORMANT—NAME and relationship to deceased 17.	Mary Mahan, Daughter

CAUSE

PART I. 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) immediate cause	Respiratory & Cardiac arrest	48 hrs
(b) due to, or as a consequence of:	Shock & hypoxemia	48 hrs
(c) due to, or as a consequence of:	Ca of lung c̄ metastasis	

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)

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

ACCIDENT (specify yes or no) 20a.	
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.	11-16-73 to Jan. 6, 1974
And Last Saw Him/Her Alive on	Jan 6 1974
I Did/Did Not view the body after death (specify)	
DEATH OCCURRED (hour)	1:03 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
PHYSICIAN—SIGNATURE 22a.	Fred B. Oldham MD
NAME (type or print) 22b.	Fred B. Oldham
degree or Title	M.D.
DATE SIGNED (month, day, year) 22c.	7 January 1974
MAILING ADDRESS—PHYSICIAN 23.	2624 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a.	Burial
CEMETERY OR CREMATORY—NAME 24b.	Klamath Mem. Park
LOCATION 24c.	Klamath Falls, Oregon
DATE (mo., day, year) 24d.	1-9-74
FUNERAL DIRECTOR—SIGNATURE 25a.	Mike O'Hair
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b.	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
REGISTRAR—SIGNATURE 26a.	Marian Ackerman
DATE RECEIVED BY LOCAL REGISTRAR 26b.	JAN 14 1974
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.

(SEAL)

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

By Marian Ackerman, Deputy Registrar
Date JAN 14 1974 19

VOID IF ALTERED

Return to: Linda Yerkovich
412 Upham
Klamath Falls, Ore.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of JULY A.D., 19 76 at 12:17 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 10650

WM. D. MILNE, County Clerk

FEE $ 3.00

By Hazel Drazil Deputy