20772

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'76 OCT 25 PM 4 52

Vol. M 76 Page 16985

289
Local File Number

# CERTIFICATE OF DEATH

State File Number

**DECEASED**

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

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEASED—NAME: First Henry; Middle –; Last Pavlin | | | | 2. DATE OF DEATH (month, day, year): Aug. 19, 1976 | |
| 3. RACE (White, Negro, American Indian, etc. (specify)): White | 4. SEX: Male | 5a. AGE—Last birthday (years): 78 | 5b. Under 1 year: mos. / days | 5c. Under 1 day: hours / min. | 6. DATE OF BIRTH (month, day, year): July 15, 1898 |
| 7a. COUNTY OF DEATH: Klamath | 7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls | 7c. Inside City Limits (specify yes or no): Yes | 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Washburn Manor | | |
| 8. STATE OF BIRTH (If not in U.S.A., name country): South Dakota | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | 11. NAME OF SPOUSE: Beth Pavlin | | |
| 12. SOCIAL SECURITY NUMBER: 536-24-7429 | 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Maintence Foreman | 13b. KIND OF BUSINESS OR INDUSTRY: Hospital | | | |
| 14a. RESIDENCE—STATE: Oregon | 14b. COUNTY: Klamath | 14c. CITY, TOWN, OR LOCATION: Klamath Falls | 14d. Inside City Limits (specify yes or no): No | 14e. STREET AND NUMBER OR R.F.D.: Rt. 2, Box 688 | |
| 15. FATHER—NAME first middle last: – | 16. MOTHER—Maiden Name first middle last: – | 17. INFORMANT—NAME and relationship to deceased: Sharon G. Culver, daughter | | | |

**CAUSE**

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

| | | approximate interval between onset and death |
|---|---|---|
| 19. immediate cause (a) | LEFT CEREBRAL VASCULAR ACCIDENT | 17 DAYS |
| due to, or as a consequence of: | | |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (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)

ATHERO SCLEROTIC HEART DISEASE

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

**CERTIFIER**

| | | | | |
|---|---|---|---|---|
| 20a. ACCIDENT (specify yes or no) | 20b. DATE OF INJURY (month, day, year) | 20c. HOUR M. | 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) | |
| 20e. INJURY AT WORK (specify yes or no) | 20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) | 20g. LOCATION (street or R.F.D. No., city or town, county, state) | | |

| 21. CERTIFICATION—PHYSICIAN: I attended the deceased from: | month day year | And Last Saw Him/Her Alive on: month day year | I Did/Did Not view the body after death (specify) | DEATH OCCURRED (hour) | at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. |
|---|---|---|---|---|---|
| 9/22/75 | to Aug. 19, 1976 | 8/12/76 | DID NOT | 7:55 A. M. | |

| 22a. PHYSICIAN—SIGNATURE | 22b. NAME (type or print) | degree or Title | 22c. DATE SIGNED (month, day, year) |
|---|---|---|---|
| Glenn H Gailis | Glenn G. Gailis | M.D. | 8/23/76 |

23. MAILING ADDRESS—PHYSICIAN: 1905 Main St., Klamath Falls, Oregon 97601 (street; city or town; state; zip)

**BURIAL**

| 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation | 24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory | 24c. LOCATION city or town / state: Klamath Falls, Oregon | 24d. DATE (mo., day, year): 8-20-76 |
|---|---|---|---|
| 25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair | 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601 | | |
| 26a. REGISTRAR—SIGNATURE: Marian C Sherman | 26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 23 1976 | 27. DATE RECEIVED BY STATE REGISTRAR | |

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

3.00 UR

I hereby certify 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 _____, Deputy Registrar
Date AUG 25 1976 19

VOID IF ALTERED

STATE OF OREGON
County of Klamath } ss.
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 _____, Deputy Registrar
Date AUG 25 1976 19

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 25th day of OCTOBER A.D., 1976 at 4:52 o'clock P M., and duly recorded in Vol. M 76, of DEEDS on Page 16985

FEE $ 3.00

WM. D. MILNE, County Clerk
By _____, Deputy