20993

Vol. M76 Page 17279

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

1976 NOV 1 PM 12 16

# CERTIFICATE OF DEATH

Local File Number: 344

State File Number:

**DECEASED**

1. DECEASED—NAME: First George; Middle F.; Last McKee
2. DATE OF DEATH (month, day, year): October 15, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 69
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): August 5, 1907
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Esther D. McKee
12. SOCIAL SECURITY NUMBER: 519-10-6102
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Construction: Self Employed
13b. KIND OF BUSINESS OR INDUSTRY: Construction
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Chiloquin
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 666
15. FATHER—NAME first middle last: Julius McKee
16. MOTHER—Maiden Name first middle last: Nora -
17. INFORMANT—NAME and relationship to deceased: Esther D. McKee, 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))

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

18. immediate cause: cardiac arrest — approximate interval between onset and death: minutes
(a) due to, or as a consequence of:
(b) due to, or as a consequence of: Myocardial Infarction
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a).
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 -- to: month day year October 15, 1975 And Last Saw Him/Her Alive on: month day year Oct. 14, 1976
Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour) 4:05 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE
22b. NAME (type or print): George B. Peden degree or title: M.D.
22c. DATE SIGNED (month, day, year): Oct. 18, 1976
23. MAILING ADDRESS—PHYSICIAN: street 2610 Uhrmann Rd., city or town Klamath Falls, state Oregon, zip 97601

**BURIAL**

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
24c. LOCATION city or town: Klamath Falls, state Oregon
24d. DATE (mo., day, year): 10-18-76
25a. FUNERAL DIRECTOR—SIGNATURE
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
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 18 1976
27. DATE RECEIVED BY STATE REGISTRAR: Esther McKee
28. RESERVED FOR REGISTRAR'S USE: PC 134-664 Chiloquin Ore 17234

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 Marvin Schumann Deputy Registrar
Date OCT 18 1976 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 1st day of NOVEMBER A.D., 1976 at 12;16 o'clock P.M., and duly recorded in Vol. M 76 of DEEDS on Page 17279

WM. D. MILNE, County Clerk
By Gladys Deputy

FEE $ 3.00