22370

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'76 DEC 1 PM 4 40

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397
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): Earl Edward Graham
2. DATE OF DEATH (month, day, year): November 18, 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 16, 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): Idaho
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Sara E. Graham
12. SOCIAL SECURITY NUMBER: 555-03-2433
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Fireman
13b. KIND OF BUSINESS OR INDUSTRY: Civil Service Air Force

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

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 1104 Crescent Ave.
15. FATHER—NAME (first, middle, last): Robert Blake Graham
16. MOTHER—Maiden Name (first, middle, last): Neoma Price
17. INFORMANT—NAME and relationship to deceased: Sara E. Graham, Wife

CAUSE

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

immediate cause

(a) ACUTE INFERIOR INFARCTION — approximate interval between onset and death: 3 weeks

due to, or as a consequence of:

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

(b) ARTERIOSCLEROTIC HEART DISEASE

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)

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

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)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 10-25-76 to Nov. 18, 1976. And Last Saw Him/Her Alive on: 11-18-76. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour): 11:25 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): Everett E. Howard, M.D.
22c. DATE SIGNED (month, day, year): 11-19-76
23. MAILING ADDRESS—PHYSICIAN: 2622 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 11-20-76
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 29 1976
27. DATE RECEIVED BY STATE REGISTRAR: Sara E Graham, 1104 Crescent, City
28. RESERVED FOR REGISTRAR'S USE

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 [signature] Deputy Registrar

Date NOV 29 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 1st day of DECEMBER A.D., 1976 at 4;40 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 19308.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00