32609 '76 DEC 7 PM 12 46

Vol. M 76 Page 19642

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

KO (Local File Number)

CERTIFICATE OF DEATH

'73-000511 (State File Number)

1. DECEDENT—NAME: First: GEORGE	Middle: MARTIN	Last: STARKEY			2. DATE OF DEATH (month, day, year): January 19, 1973	
3. RACE (White, Negro, American Indian, etc. (specify)): White	4. SEX: Male	5a. AGE—Last birthday (years): 76	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): May 17, 1896	
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): 2422 Pershing Way			
8. STATE OF BIRTH (If not in U.S.A., name country): Oklahoma	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Pearl Starkey			
12. SOCIAL SECURITY NUMBER: 548-14-7265	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Chef — Baker retired	13b. KIND OF BUSINESS OR INDUSTRY: Bakery				
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.: 2422 Pershing Way		
15. FATHER—NAME first middle last: John Arthur Starkey	16. MOTHER—Maiden Name - first middle last: Caroline (no record)	17. INFORMANT—NAME and relationship to deceased: Pearl Starkey (Wife)				

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)	Acute Myocardial Infarction	about 1 day
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) due to, or as a consequence of:	Arteriosclerotic Heart Disease	
(c)		

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

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	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: 4 20 71 to month day year: 1 15 73. And Last Saw Him/Her Alive on: month day year: Jan 5 1973. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour): 1:15 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Charles D. Bury M.D. — 22b. NAME (type or print) degree or title: Charles D. Bury, M.D. — 22c. DATE SIGNED (month, day, year): Jan 25 1973

23. NAME AND ADDRESS OF PHYSICIAN (street, city or town, state, zip): 2030 Daggett, Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park	24c. LOCATION city or town state: Klamath Falls, Oregon	24d. DATE (mo., day, year): Jan. 22, 1973
25. FUNERAL DIRECTOR—SIGNATURE: [signature]	26. NAME AND ADDRESS (street, city or town, state, zip): Ford's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601		
27. REMARKS: [signature]	28. DATE RECEIVED BY LOCAL REGISTRAR: FEB 1 1973	29. DATE RECEIVED BY STATE REGISTRAR: FEB 12 1973	

DATE ISSUED Nov. 18 1976

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Return To:
Pearl Starkey
3894 Pontiac, Rubidioux, Calif.

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of DECEMBER A.D., 19 76 at 12;46 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 19642.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Drazil Deputy