24797

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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CERTIFICATE OF DEATH

Local File Number: 297

State File Number:

DECEASED

1. DECEASED—NAME (First, Middle, Last): CARL FRANCIS KESSELL
2. DATE OF DEATH (month, day, year): August 29, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 44
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): March 27, 1932
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Ingeborg Vera Kessell
12. SOCIAL SECURITY NUMBER: 542-34-5643
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic
13b. KIND OF BUSINESS OR INDUSTRY: Klamath Falls Street Department

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): No
14e. STREET AND NUMBER OR R.F.D.: 5104 Cottage Avenue

15. FATHER—NAME (first middle last): Ben Henry Kessell
16. MOTHER—Maiden Name (first middle last): Mamie A. Tanek
17. INFORMANT—NAME and relationship to deceased: Ingeborg Vera Kessell (Wife)

CAUSE

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 INFERIOR MYOCARDIAL INFARCTION — 10 DAYS
due to, or as a consequence of (b): CORONARY ATHEROSCLEROSIS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — 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): RIGHT HEMIPLEGIA, DIABETES

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: month day year 8-14-76 To month day year 8-29-76 And Last Saw Him/Her Alive on: month day year 8-29-76 I did/Did Not view the body after death (specify) DEATH OCCURRED (hour) 3:50 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Everett Howard M.D.
22b. NAME (type or print) degree or Title: E.E. Howard, M.D.
22c. DATE SIGNED (month, day, year): 8/31/76
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2622 Campus Drive, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Willamette National
24c. LOCATION (city or town, state): Portland, Oregon
24d. DATE (mo., day, year): Sept. 1, 1976
25a. FUNERAL DIRECTOR—SIGNATURE: [illegible]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
25c. REGISTRAR—SIGNATURE: Marian Schurman
26a. DATE RECEIVED BY LOCAL REGISTRAR: AUG 31 1976
26b. DATE RECEIVED BY STATE REGISTRAR
27. Ingeborg Vera Kessell 5104 Cottage Avenue Klamath Falls

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.

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

By Marian Schurman, Deputy Registrar
Date Aug 2 - 1976 19
VOID IF ALTERED

(SEAL)

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 31st day of January A.D., 19 77 at 9:56 o'clock A.M., and duly recorded in Vol. M 77 of DEEDS on Page 1662.

WM. D. MILNE, County Clerk
By [illegible] Deputy

FEE $ 3.00