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Local File Number — State File Number

CERTIFICATE OF DEATH

DECEASED

DECEASED—NAME First / Middle / Last	1. Ernest W. Parkhurst
DATE OF DEATH (month, day, year)	2. December 26, 1976
RACE White, Negro, American Indian, etc. (specify)	3. White
SEX	4. Male
AGE—Last birthday (years)	5a. 65
Under 1 year (mos. / days)	5b.
Under 1 day (hours / min.)	5c.
DATE OF BIRTH (month, day, year)	6. September 2, 1911
COUNTY OF DEATH	7a. Multnomah
CITY, TOWN, OR LOCATION OF DEATH	7b. Portland
Inside City Limits (specify yes or no)	7c. yes
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	7d. University Hospital South
STATE OF BIRTH (if not in U.S.A., name country)	8. Nebraska
CITIZEN OF WHAT COUNTRY	9. U.S.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	10. married
NAME OF SPOUSE	11. Catherine
SOCIAL SECURITY NUMBER	12. 543-10-1004
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	13a. ret'd bridge foreman
KIND OF BUSINESS OR INDUSTRY	13b. construction
RESIDENCE—STATE	14a. Oregon
COUNTY	14b. Klamath
CITY, TOWN, OR LOCATION	14c. Klamath Falls
Inside City Limits (specify yes or no)	yes
STREET AND NUMBER OR R.F.D.	14e. 3140 LaVerne Street
FATHER—NAME first middle last	15. Frank Parkhurst
MOTHER—Maiden Name first middle last	16. Mollie Gray
INFORMANT—NAME and relationship to deceased	17. Catherine Parkhurst-wife

Usual residence of deceased. If deceased lived in institution, give residence before admission.

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) Refractory CHF c ventricular arrythmia

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. due to, or as a consequence of (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)

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

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

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. December 20, 1976 to December 26, 1976 — And Last Saw Him/Her Alive on: 12/26/76 — I Did/Did Not view the body after death (specify) — DEATH OCCURRED (hour) 7:01 p. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE	22a. Edward A Galen MD
NAME (type or print) degree or Title	22b. EDWARD A GALEN MD
DATE SIGNED (month, day, year)	22c. 12/27/76
MAILING ADDRESS—PHYSICIAN street, city or town, state, zip	23. University Hospital South 3181 SW Sam Jackson Park Road Portland, Oregon 97201

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24a. removal-burial
CEMETERY OR CREMATORY—NAME	24b. Klamath Memorial Park
LOCATION city or town, state	24c. Klamath Falls, Oregon
DATE (mo., day, year)	24d. 27Dec76
FUNERAL DIRECTOR—SIGNATURE	25a. Ard H. Ison Ard H Ison
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)	25b. J. P. Finley & Son, Portland, Oregon 97201
REGISTRAR—SIGNATURE	26a. [signature]
DATE RECEIVED BY LOCAL REGISTRAR	26b. DEC 27 1976
DATE RECEIVED BY STATE REGISTRAR	27.
RESERVED FOR REGISTRAR'S USE	28.

VS-2 R-69

STATE OF OREGON)
)
COUNTY OF MULTNOMAH)

Date DEC 29 1976

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

[signature]
Registrar of Vital Statistics

Ret:
Prentiss K. Puckett
538 Main
K F

(Seal)

By Avery Fischer
Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of MARCH A.D., 19 77 at 4:34 o'clock P M., and duly recorded in Vol M 77, of DEEDS on Page 5267.

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

FEE #3.00