

31375

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Page 10830

12574 CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 95		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) Talmage Horlan Recks			
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Klamath Valley Hosp.		D. STREET ADDRESS, RURAL ROUTE, ETC. 4795 Orys Drive	
4. DATE OF DEATH Month April Day 6 Year 1965		5. SEX Male	
6. SOCIAL SECURITY NO. 421-34-6166		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. USUAL OCCUPATION (Kind of work done during most of life) School Teacher		9. KIND OF BUSINESS OR INDUSTRY Klam. Co. Schools	
10. NAME OF SPOUSE LeOpal Recks		11. NAME OF SPOUSE LeOpal Recks	
12. DATE OF BIRTH Month May Day 1 Year 1917		13. AGE LAST BIRTHDAY Yrs. 47	
14. BIRTHPLACE (State or Foreign Country) Nashville, Arkansas		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR? No		17. NAME OF FATHER Iliff Recks	
18. MAIDEN NAME OF MOTHER Arrie Reck		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED LeOpal Recks, widow	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial Infarction Interval Between Onset and Death 4 hrs. Conditions, if any,) DUE TO (B): which gave rise to) above cause (A),) stating the under-) lying cause last) DUE TO (C):			
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Rheumatic Heart Dis.			
21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		26. City County State	
27. DESCRIBE HOW INJURY OCCURRED.		28. CERTIFICATE: Certified that (attended) 4/6/65 the deceased from 25 Jan 1964 to 6:30 PM and that the death occurred at Klamath Falls, Ore on the date stated above.	
29. RESERVED FOR REGISTRAR'S USE		30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other	
31. DATE RECEIVED BY REGISTRAR 4/6/65		32. REGISTRAR'S SIGNATURE Marion Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine Klamath Falls, Ore		34. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park	
35. LOCATION (City or Town) State Klamath Falls, Ore		36. DATE RECEIVED BY REGISTRAR 4/6/65	

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)

S. M. Kerson, M.D.

Registrar Vital Statistics

By **Marion Ackerman**
Date **April 9, 1965**

VS-16 2/56

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 **20th** day of **June** A.D., 19 **77** at **3:50** o'clock **P.M.**, and duly recorded in Vol **M77**, of **DEEDS** on Page **10830**

FEE \$ 3.00

WM. D. MILNE, County Clerk

By **Hazel Drazil** DeputyReturn: USUBO
main

17 JUN 28 PM 3 50

MEDICAL CERTIFICATION

20. RESERVE

21. DECEASED

22. DATE

23. OF