37354

STATE OF OREGON—STATE HEALTH DIVISION
Vital Statistics Section

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Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1. First: CURTISS	Middle: RICHARD	Last: LOCKREM			DATE OF DEATH (month, day, year) 2. September 25, 1977	
RACE (White, Negro, American Indian, etc. (specify)) 3. White	SEX 4. Male	AGE—last birthday (years) 5a. 42	Under 1 year: mos. 5b.	Under 1 day: days / hours 5c. / min.	DATE OF BIRTH (month, day, year) 6. January 21, 1935	
DECEASED: COUNTY OF DEATH 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls	Inside City Limits (specify yes or no) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. Presbyterian Intercommunity			
Usual residence where deceased lived. If death occurred in institution, give residence before admission. STATE OF BIRTH (if not in U.S.A., name of country) 8. North Dakota	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Carol Lockrem			
SOCIAL SECURITY NUMBER 12. 541 - 38 - 2845	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Mechanic	KIND OF BUSINESS OR INDUSTRY 13b. Self				
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Klamath	CITY, TOWN, OR LOCATION 14c. Klamath Falls	Inside City Limits (specify yes or no) 14d. No	STREET AND NUMBER OR RFD 14e. Rt. # 3 - Box # 1107		
FATHER—NAME first middle last 15. Richard - Lockrem	MOTHER—Maiden Name first middle last 16. Myrtle - Wiseman	INFORMANT—Name and relationship to deceased 17. Carol Lockrem (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) Cerebral Death — due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Multiple Crushing injuries of trunk — 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. No | IF YES were findings considered in determining cause of death 19b.

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year) 20a. Sept. 24, 1977	HOUR 20b. 8:44 PM	HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) 20c. Driver of auto which struck power pole
INJURY AT WORK (specify yes or no) 20d. No	PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) 20e. Highway 97	LOCATION (street or R.F.D. No., city or town, county, state) 20f. Near P.I.H. Junction, Klamath Falls, Klamath, Ore. 97601

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

DEATH OCCURRED (hour) 21a. 1:55 A. M.	THE DECEDENT WAS PRONOUNCED DEAD month / day / year / hour 21b. Sept. 25, 1977 1:55 A.M.	FROM: Natural Causes ☐ Accident ☒ Suicide ☐ 21c. Homicide ☐ Undetermined ☐ Pending ☐	

CERTIFIER

CERTIFIER—SIGNATURE 22a. [signature]	NAME—(type or print) Degree or Title 22b. George R. Nicholson, M.D.
MEDICAL INVESTIGATOR: FOR 23. Klamath COUNTY	DATE SIGNED (month, day, year) 9-29-77

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Klamath Memorial Park	LOCATION city or town / state 24c. Klamath Falls, Oregon	DATE (month, day, year) 24d. Sept. 27, 1977
FUNERAL DIRECTOR—SIGNATURE [signature]	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601		
REGISTRAR—SIGNATURE 26a. [signature]	DATE RECEIVED BY LOCAL REGISTRAR 26b. 9-30-77	DATE RECEIVED BY STATE REGISTRAR 27.	
RESERVED FOR REGISTRAR'S USE			

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VS-107 REV. - 2-73

ORIGINAL—VITAL STATISTICS COPY

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.

MARJORIE S. COMER, Registrar Vital Statistics

By [signature] Deputy Registrar
Date SEP 30 1977

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of OCTOBER A.D., 19 77 at 12:56 o'clock P M., and duly recorded in Vol. M77 of DEEDS on Page 19686.

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

FEE $ 3.00