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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 61
State File Number:

DECEASED

1. Deceased—Name: First H. Middle IVAN Last HALL
2. Date of Death (month, day, year): March 1, 1977
3. Race (White, Negro, American Indian, etc.) (specify): White
4. Sex: Male
5a. Age—Last birthday (years): 80
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. Date of Birth (month, day, year): March 28, 1896
7a. County of Death: Klamath
7b. City, Town, or Location of Death: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. Hospital or Other Institution—Name (if not in either, give street and number): Klamath Co. Nursing Home
8. State of Birth (if not in U.S.A., name country): Idaho
9. Citizen of What Country: USA
10. Married, Never Married, Widowed, Divorced (specify): Married
11. Name of Spouse: Alma F. Hall
12. Social Security Number: 543 - 05 - 4598
13a. Usual Occupation (give kind of work done during most of working life, even if retired): Rancher - retired
13b. Kind of Business or Industry: Self

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.: 2709 Vermont Street
15. Father—Name (first, middle, last): Joseph - Hall
16. Mother—Maiden Name (first, middle, last): Henrietta - Brunson
17. Informant—Name and relationship to deceased: June Humphries (Daughter)

CAUSE

18. Part I. Death was caused by: (Enter only one cause per line for (a), (b), and (c))

	Cause	Approximate interval between onset and death
Immediate cause (a)	Acute myocardial infarction	2hrs
Due to, or as a consequence of: (b)	Severe ASHD	10yrs
Due to, or as a consequence of: (c)	Hypertension	20yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

Part II. Other significant conditions: conditions contributing to death but not related to cause given in Part I (a): Chronic Renal failure

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):

21. Certification—Physician: I attended the deceased from: Nov. 8, 1972 to March 1, 1977. And last saw him/her alive on: Dec. 16, 1976. I did/did not view the body after death (specify): did not. Death occurred (hour): 3:21 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

CERTIFIER

22a. Physician—Signature: [signature] M.D.
22b. Name (type or print): Blake Berven, M.D.
22c. Date Signed (month, day, year): March 2, 1977
23. Mailing Address—Physician: Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify): Burial
24b. Cemetery or Crematory—Name: Eternal Hills
24c. Location (city or town, state): Klamath Falls, Oregon
24d. Date (mo., day, year): Mar. 4, 1977
25a. Funeral Director—Signature: [signature]
25b. Funeral Home—Name and Address (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. Registrar—Signature: [signature]
26b. Date Received by Local Registrar: MAR 3 1977
27. Date Received by State Registrar:
28. Reserved for Registrar's Use

Return to June Humphries
1373 Lakeshore Dr
K.F.

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

(SEAL)

By [signature], Deputy Registrar

Date MAR 4 1977 19

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 16th day of November A.D., 19 77 at 4:24 o'clock P M., and duly recorded in Vol. M77, of Deeds on Page 22353

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00