

44389

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

7811557 Page 5395

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED - NAME First Middle Last Keith Elbert Henry		DATE OF DEATH (month, day, year) December 15, 1977	
1. RACE White, Negro, American Indian, etc. (specify) White		2. DATE OF BIRTH (month, day, year) July 26, 1913	
3. COUNTY OF DEATH Lane	4. SEX Male	5a. AGE - Last birthday (years) 64	5b. Under 1 year Under 1 year Under 1 year Under 1 year
6. CITY, TOWN, OR LOCATION OF DEATH Eugene		7. HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) Sacred Heart Hospt.	
7a. STATE OF BIRTH (if not in U.S.A., name country) Oregon	8. CITIZEN OF WHAT COUNTRY U.S.A.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
10. SOCIAL SECURITY NUMBER 542-07-2734	11. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Industrial Relations	12. NAME OF SPOUSE Alice Henry	
13. RESIDENCE - STATE Oregon	14. COUNTY Lane	15. KIND OF BUSINESS OR INDUSTRY Woods Industry	
16. FATHER - NAME first middle last Clarence Edgar Henry	17. CITY, TOWN, OR LOCATION Eugene	18. STREET AND NUMBER OR R.F.D. 1766 Maywood Ave.	
19. MOTHER - Maiden Name first middle last Nellie Walker	20. INFORMANT - NAME and relationship to deceased Alice Henry, Wife	21. approximate interval between onset and death 30 minutes	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
23. (a) immediate cause Cardiac Arrest			
24. (b) due to, or as a consequence of: Venous Thrombosis			
25. (c) due to, or as a consequence of: Cerebral Vascular Disease			
26. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
27. AUTOPSY (yes or no) No			
28. IF YES were findings considered in determining cause of death			
29. ACCIDENT (specify yes or no) NO	30. DATE OF INJURY (month, day, year) 12 05 77	31. HOUR 12 15 77	32. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) M. 20d.
33. INJURY AT WORK (specify yes or no) NO	34. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 1180 Patterson Street Eugene, Oregon 97401	35. LOCATION (street or R.F.D. No., city or town, county, state) Eugene, Oregon	36. DEATH OCCURRED (hour) 10:45 a.m.
37. CERTIFICATION - PHYSICIAN: I attended the deceased from: 12 05 77 TO 12 15 77	38. NAME (type or print) Jerold A. Hawn	39. degree or Title M.D.	40. DATE SIGNED (month, day, year) 12/22/77
41. MAILING ADDRESS - PHYSICIAN 1180 Patterson Street Eugene, Oregon 97401	42. BIRTH, CREMATION, REMOVAL, MAUS. (specify) Burial	43. CEMETERY OR CREMATORY - NAME Klamath Falls Memorial Park	44. LOCATION city or town Klamath Falls, Oregon
45. FUNERAL DIRECTOR - SIGNATURE Mike Hair	46. FUNERAL HOME - NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	47. DATE RECEIVED BY LOCAL REGISTRAR Dec. 23, 1977	48. DATE RECEIVED BY STATE REGISTRAR
49. REGISTRAR - SIGNATURE Neil Longton, Deputy	49. RESERVED FOR REGISTRAR'S USE		

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STATE OF OREGON, COUNTY OF LANE

DATE December 23, 1977

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY COMMUNITY HEALTH AND SOCIAL SERVICES DEPARTMENT

By: [Signature] Registrar of Vital Statistics

By: [Signature] Deputy

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of March A.D., 1978 at 2:36 o'clock P.M., and duly recorded in Vol. M78 of Deeds on Page 5395.

FEE \$3.00

WM. D. MILNE, County Clerk

By: [Signature] Deputy