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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. M Page 8847TYPE
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DECEASED—NAME			State File Number		
First	Middle	Last	DATE OF DEATH (month, day, year)		
1 Victor	Errol	Padgett	2 April 21, 1978		
RACE White, Black, American Indian, etc. (specify)			AGE—Last birthday (years)	DATE OF BIRTH (month, day, year)	
3 White	4 Male	5a 73	5b mos	5c days	6 September 6, 1904
COUNTY OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME		
7a Klamath	7b Klamath Falls		7c Pres. Intercomm. Hospt.		
STATE OF BIRTH (if not in U.S.A., name country)			CITIZEN OF WHAT COUNTRY		7d Inpatient
8 Oregon			9 U.S.A.		10 Married
SOCIAL SECURITY NUMBER			11 Frances M. Padgett		12 NO
13 543-10-1962			14a Forest Ranger		14b Forest Management
RESIDENCE—STATE			CITY, TOWN, OR LOCATION		
15a Oregon	15b Klamath	15c Klamath Falls		15d 520 Jefferson St.	
FATHER—NAME first middle last			MOTHER—Maiden Name first middle last		
16 Samuel Padgett			17 Vinnia May Pratt		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)			CEMETERY OR CREMATORY—NAME		
19a Burial			19b Eternal Hills Memorial Gardens		
FUNERAL SERVICE LICENSEE or person acting as such (Signature)			NAME AND ADDRESS OF FACILITY		
20a Mike O'Hair			20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		
21a (Signature) F. A. Marx			21b 4/24/78		21c 5:45 P. M.
21d Geoffrey F. Marx M.D.			21e Medical Dentl. Bld., Klamath Falls, Oregon 97601		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			REGISTRAR		
22a APR 25 1978			22b (Signature) Marian J. Sherman		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death		
1 (a) Cardiac Shock			3-5 hrs.		
(b) Arteriosclerotic Heart Disease			30 yrs.		
(c)			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)		25 (Specify Yes or No)
26a ACCIDENT (Specify Yes or No)			24 NO		25 NO
DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY		
26b			26c		
INJURY AT WORK (Specify Yes or No)			26d		
26e			26f		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION		
26g			STREET OR R.F.D. NO CITY OR TOWN STATE		
RESERVED FOR REGISTRAR'S USE					

VS-2 Rev-1-78 P-65412

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)

MARJORIE S. COMER, Registrar Vital Statistics

By Marian J. Sherman, Deputy RegistrarDate APR 26 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT
STATE OF OREGON; COUNTY OF KLAMATH; ss.I hereby certify that the within instrument was received and filed for record on the 23rd day of May A.D., 19 78 at 1:54 o'clock P M., and duly recorded in Vol. M78 of Deaths on Page 8847.FEE \$3.00

WM. D. MILNE, County Clerk

By Bernice D. Ketch, Deputy

Deputy