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Local File Number

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M 78 Page 22614

State File Number

1. DECEASED—NAME (First) DAVID	(Middle) MUIR	(Last) MONTGOMERY		2. DATE OF DEATH (Month, Day, Year) October 1, 1978	
3. RACE (White, Black, American Indian, etc.) (Specify) White	4. SEX Male	5A. AGE—Last Birthday (Years) 39	5B. Under 1 Year: Mos. / Days	5C. Under 1 Day: Hours / Min.	6. DATE OF BIRTH (Month, Day, Year) October 24, 1938
7A. COUNTY OF DEATH Klamath	7B. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	7C. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.) On Beverly Drive			7D. If Hosp., or Inst., Indicate DOA, OP/EMER, RM—INPATIENT (Specify)
8. STATE OF BIRTH (If not in U.S.A., name country) Oregon	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SPOUSE (If married, widowed) Emilee A.		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
13. SOCIAL SECURITY NUMBER 540-40-6447	14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer B/N Railroad		14B. KIND OF BUSINESS OR INDUSTRY Transportation		
15A. RESIDENCE—STATE Oregon	15B. COUNTY Klamath	15C. CITY, TOWN, OR LOCATION Klamath Falls	15D. STREET AND NUMBER OR R.F.D. 3416 Beverly Drive 97601		15E. Inside City Limits (Specify Yes or No) No
16. FATHER—NAME First Middle Last Arthur Adams Montgomery	17. MOTHER—MAIDEN NAME First Middle Last Helen — Smith		18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED Emilee A. Montgomery, wife		
19A. BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Cremation	19B. CEMETERY OR CREMATORY—NAME Eternal Hills Crematory		19C. LOCATION City or Town, State Klamath Falls, Oregon 97601		
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE William L. Davenport	20B. NAME AND ADDRESS OF FACILITY DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601				

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (Hour) After 8:00 A M.	21B. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year) October 2, 1978 (Hour) 9:32 A M.	FROM: NATURAL CAUSES ☐	ACCIDENT ☒	SUICIDE ☐	
21D. CERTIFIER—SIGNATURE George R. Nicholson MD		21C. HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐	
21F. MEDICAL EXAMINER FOR: Klamath COUNTY		21E. NAME—(Type or Print) Geroge R. Nicholson, MD DEGREE OR TITLE			
		21G. DATE SIGNED (Month, Day, Year) October 6, 1978			

22A. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 6, 1978

22B. REGISTRAR (Signature) Marian L. Ackerman

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c).)

PART I
(a) Fracture-dislocation of 1st & 2nd cervical vertebrae
due to, or as a consequence of:
(b)
due to, or as a consequence of:
(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)

Interval between onset and death:

25A. DATE OF INJURY (Month, Day, Year) Oct. 1, 1978	25B. HOUR Approx. 8:00 am	25C. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23) Single vehicle (cycle) accident		24. AUTOPSY (Specify Yes or No) Yes
25D. INJ. AT WORK (Specify Yes or No) No	25E. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) (Specify) Highway	25F. LOCATION (Street or R.F.D. No., City or Town, County, State) ¼ mile off E. Side By-pass on Beverly Drive, Klamath Falls, Oregon		

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian L. Ackerman Deputy Registrar

Date OCT 9 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 10th day of October A.D., 19 78 at 2:48 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 22614.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetta Abbott Deputy