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

Vol. M78 Page 28272

59905

CERTIFICATE OF DEATH

State File Number

387
Local File Number

DECEASED—NAME: 1 First: EARL; Middle: —; Last: FINK

2 DATE OF DEATH (month, day, year): October 18, 1978

3 RACE White, Black, American Indian, etc.(specify): White

4 SEX: Male

5a AGE—Last birthday (years): 77

5b Under 1 year: mos. — days

5c Under 1 day: hours — min.

6 DATE OF BIRTH (month, day, year): January 8, 1901

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 and number): Presbyterian Intercomm.

7d IF HOSP. OR INST., Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

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): Matilda Fink

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 543 - 10 - 2435

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Millwright - Retired

14b KIND OF BUSINESS OR INDUSTRY: D.G. Shelter Products

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4753 Shasta Way 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Adie K. Fink

17 MOTHER—Maiden Name first middle last: Isabel Tarr

18 INFORMANT—NAME and relationship to deceased: Matilda Fink - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): James K. Reid

20b NAME AND ADDRESS OF FACILITY: WARDS - 1945 Main - Klamath Falls, Oregon 97601

21b DATE SIGNED (Mo., Day, Yr.): 10/19/78

21c HOUR OF DEATH: 4:20 a M

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]:

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Edward T. McClure, M.D. / Room 200 - Medical Dental Bldg. - K.F., Or.

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: October 20, 1978

22b REGISTRAR [Signature]: Marian Ackerman

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE (a): Intracerebral hemorrhage / hemorrhage — Interval between onset and death: 9 hours

DUE TO, OR AS A CONSEQUENCE OF (b): Ruptured Aortic Aneurysm — Interval between onset and death: 9 hours

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).: Chronic lung disease

24 AUTOPSY (Specify Yes or No): Yes

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo, Day, Yr.)

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

Ret: Mrs. Matilda Fink
4753 Shasta Way
KFO

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date OCT 23 1978

(SEAL)

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 19th day of December A.D., 19 78 at 10:05 o'clock A M., and duly recorded in Vol M-78, of Deeds on Page 28272.

WM. D. MILNE, County Clerk

By Jacqueline J. Miller Deputy

FEE $3.00