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

63843 — 74 (Local File Number)

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CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: SCOTT	Middle: WILFORD	Last: McKENDREE	2 DATE OF DEATH (month, day, year)	March 3, 1979
3 RACE White, Black, American Indian, etc.(specify)	White	4 SEX: Male	5a AGE—Last birthday (years): 76	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year)	July 13, 1902				
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	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Lois	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]	No		
13 SOCIAL SECURITY NUMBER	540 - 40 - 6006	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Rancher/Real Estate-Ret.	14b KIND OF BUSINESS OR INDUSTRY	Real Estate
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	1893 Del Moro 9760	15e Inside City Limits (specify yes or no)	Yes		
16 FATHER—NAME first middle last	Owen McKendree	17 MOTHER—Maiden Name first middle last	Hypatia Klum	18 INFORMANT—NAME and relationship to deceased	Lois McKendree - Wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation	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. Reed	20b NAME AND ADDRESS OF FACILITY	WARD'S - 1945 Main - Klamath Falls, Oregon 97601		
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]	Kenneth K. Magee	21b DATE SIGNED [Mo., Day, Yr.]	3 5 79	21c HOUR OF DEATH	10:00 A M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Kenneth K. Magee, M.D. / 409 Medical-Denatal Bldg / K. Falls, Oregon				
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	MAR 6 1979	22b REGISTRAR [Signature]	Marian Ackerman		

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
(a)	Respiratory Arrest	minutes
DUE TO, OR AS A CONSEQUENCE OF: (b)	Severe Respiratory Insufficiency & Pneumonia	months — days
DUE TO, OR AS A CONSEQUENCE OF: (c)	Severe pulmonary emphysema	years

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Congestive Heart Failure

24 AUTOPSY [Specify Yes or No]	No	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

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

(SEAL)

By Marian Ackerman, Deputy Registrar
Date MAR 6 1979

VOID IF ALTERED

Return to:
H.F. SMITH
Attorney at Law
540 Main Street
Klamath Falls, OR 97601

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 12th day of March A.D., 19 79 at 1:06 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 5560.

FEE $3.00

WM. D. MILNE, County Clerk
By Dorothea Shiloth Deputy