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

CERTIFICATE OF DEATH

Vol. ^m 79 Page 10334

Local File Number

State File Number

DECEASED-NAME FIRST MIDDLE LAST Raymond William Oehlerich Jr.			DATE OF DEATH (MONTH, DAY, YEAR) March 25, 1979		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male	AGE-LAST BIRTHDAY (YEARS) 34	UNDER 1 YEAR MOS. DAYS HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) April 22, 1944
COUNTY OF DEATH Klamath		CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET & NO.) 7c Mi. Post 7, Hwy. 39	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Oregon		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SPOUSE (IF MARRIED, WIDOWED) Sylvia Jane Oehlerich	WAS DECEDENT EVEN IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes
SOCIAL SECURITY NUMBER 573-58-9964		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farmer		KIND OF BUSINESS OR INDUSTRY Farming	
RESIDENCE-STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Merrill	STREET AND NUMBER OR R.F.D. 169 Court Dr.	INSIDE CITY LIMITS (IF CITY YLS OR NO) Yes
FATHER-NAME FIRST MIDDLE LAST Raymond W. Oehlerich		MOTHER-MAIDEN NAME FIRST MIDDLE LAST Winifred Butsch		INFORMANT-NAME AND RELATIONSHIP TO DECEASED Sylvia Jane Oehlerich, Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial		CEMETERY OR CREMATORY-NAME Klamath-Memorial Park		LOCATION CITY OR TOWN STATE Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY O'Hairs Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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:					
DEATH OCCURRED (HOUR) MONTH DAY YEAR 8:05 P.M. March 25, 1979		THE DECEDENT WAS PRONOUNCED DEAD (HOUR) MONTH DAY YEAR 8:30 P.M. March 25, 1979		FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
CERTIFIER - SIGNATURE <i>George R. Nicholson</i>		NAME - (TYPE OR PRINT) George R. Nicholson		DEGREE OR TITLE M.D.	
MEDICAL EXAMINER FOR Klamath		DATE SIGNED (MONTH, DAY, YEAR) March 28, 1979			
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) March 28, 1979		REGISTRAR (SIGNATURE) <i>Marian Ackerman</i>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))					
(A) <i>Crushing Injuries of Head & Neck</i>					
(B) _____					
(C) _____					
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)					
DATE OF INJURY (MONTH, DAY, YEAR) HOUR March 25, 1979 8:00 P.M.					
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Single Motorcycle Accident (driver)					
INJ. AT WORK (SPECIFY YES OR NO) No		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Hwy. 39		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25 Mile Post 7, Hwy. 39, Klamath Falls, Klamath, Oregon	
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

William J. Seemore
540 Main
Klamath Falls, Or

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 Ackerman* Deputy Registrar
Date MAR 29 1979

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 7th day of May A.D., 1979 at 2:52 o'clock P.M., and duly recorded in Vol. 1179 of Deeds on Page 10334.

FEE \$3.00

WM. D. MILNE, County Clerk

By *Deborah Speltz* Deputy