68536

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

Vol. 79 Page 13269

172
Local File Number

# CERTIFICATE OF DEATH

State File Number

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| DECEASED—NAME | First: John | Middle: Frederic | Last: Moehl | | | DATE OF DEATH (month, day, year): May 29, 1979 | |
| 1 | | | | | | | |
| RACE (White, Black, American Indian, etc.) (Specify) 3: White | SEX 4: Male | AGE—Last birthday (years) 5a: 63 | Under 1 year: months 5b | Under 1 day: hours 5c | min | DATE OF BIRTH (month, day, year) 6: June 18, 1915 | |
| COUNTY OF DEATH 7a: Klamath | CITY, TOWN OR LOCATION OF DEATH 7b: Klamath Falls | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c: 4th & Oak St. | | | | 7d: No | |
| STATE OF BIRTH (If not in U.S.A., name country) 8: Iowa | CITIZEN OF WHAT COUNTRY 9: U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10: Married | SPOUSE (IF MARRIED, WIDOWED) 11: Amy F. Moehl | | | 12: No | |
| SOCIAL SECURITY NUMBER 13: 478-05-3371 | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Excutive Vice President | | KIND OF BUSINESS OR INDUSTRY 14b: Modoc Lumber Company | | | | |
| RESIDENCE—STATE 15a: Oregon | COUNTY 15b: Klamath | CITY, TOWN, OR LOCATION 15c: Klamath Falls | STREET AND NUMBER OR R.F.D., ZIP 15d: 2041 Van Ness Ave | | | Inside City Limits (Specify yes or no) 15e: Yes | |
| FATHER—NAME first middle last 16: Ernest John Moehl | MOTHER—Maiden Name first middle last 17: Julia Ann Wirth | | INFORMANT—NAME and relationship to deceased 18: Amy F. Moehl - Wife | | | | |
| BURIAL, CREMATION, REMOVAL, MAUS. (Specify) 19a: Burial | CEMETERY OR CREMATORY—NAME 19b: Klamath Memorial Park Cemetery | | LOCATION city or town state 19c: Klamath Falls, Oregon | | | | |
| FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a: Merrill Reid | NAME AND ADDRESS OF FACILITY 20b: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 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): John D. Merryman M.D. | DATE SIGNED (Mo., Day, Yr.) 21b: May 30, 1979 | HOUR OF DEATH 21c: 4:30 P M | | | | | |
| CERTIFIER — NAME AND TITLE (Type or print) 21d: John D. Merryman M.D. | MAILING ADDRESS (Street, city or town, state, zip) 303 Pine St. Klamath Falls, Ore. 97601 | | | | | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e | | | | | | | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: MAY 29 1979 | REGISTRAR 22b (Signature): Marian Ackerman | | | | | | |

PART I

| | | |
|---|---|---|
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].) (a) | Cardiac Arrest | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: (b) | Myocardial Infarction | Interval between onset and death |
| DUE TO, OR AS A CONSEQUENCE OF: (c) | Coronary Arteriosclerosis | 6 Yrs |

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

| AUTOPSY (Specify Yes or No) 24: No | WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No): Yes |
|---|---|

| ACCIDENT (Specify Yes or No) 26a | DATE OF INJURY (Mo., Day, Yr.) 26b | HOUR OF INJURY 26c M | DESCRIBE HOW INJURY OCCURRED 26d |
|---|---|---|---|
| INJURY AT WORK (Specify Yes or No) 26e | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f | LOCATION 26g | STREET OR R.F.D. NO. CITY OR TOWN STATE |

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman Deputy Registrar
Date MAY 31 1979
VOID IF ALTERED

Return:
H.F. SMITH
Attorney at Law
[illegible] Main Street

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 6th day of June A.D., 19 79 at 4:22 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 13269.

FEE $3.00

WM. D. MILNE, County Clerk
By Demetha A. Kelsch Deputy