68811

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

185
Local File Number

CERTIFICATE OF DEATH

Vol. M 79 Page 13710

State File Number

DECEASED—NAME: 1 First: SHERMAN Middle: NMI Last: MOORE

DATE OF DEATH (month, day, year): 2 June 4, 1979

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

SEX: 4 Male

AGE—Last birthday (years): 5a 72 Under 1 year: 5b months days Under 1 day: 5c hours minutes

DATE OF BIRTH (month, day, year): 6 October 7, 1906

COUNTY OF DEATH: 7a Klamath

CITY, TOWN OR LOCATION OF DEATH: 7b Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in a hospital, give street and number): 7c County Nursing Home

Inpatient: 7d Klamath

STATE OF BIRTH (If not in U.S.A., name country): 8 Oregon

CITIZEN OF WHAT COUNTRY: 9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 Edna Eloise Moore

SOCIAL SECURITY NUMBER: 13 557-07-5789

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Minister

KIND OF BUSINESS OR INDUSTRY: 14b Ministry

Yes: 12

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 5041 Miller Street 97601

Inside City Limits (Specify Yes or No): 15e No

FATHER—NAME first middle last: 16 Harvey - Moore

MOTHER—Maiden Name first middle last: 17 Frances -

INFORMANT—NAME and relationship to deceased: 18 Eloise Moore, wife

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

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

LOCATION (City or Town, State): 19c Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE (Person Acting) AS (Title) (Signature): 20a William J. Krumpus

NAME AND ADDRESS OF FACILITY: DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, 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]

DATE SIGNED (Mo., Day, Yr.): 21b

HOUR OF DEATH: 21c 7:45 P M

CERTIFIER — NAME AND TITLE (Type or print): 21d Kenneth K. Magee, MD, Medical Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97601

MAILING ADDRESS (Street, City or Town, State, Zip)

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a JUN 5 1979

REGISTRAR: 22b [Signature] Marian Ackerman

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a)

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

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 No

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

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 JUN 6 1979

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of JUNE A.D., 1979 at 12:38 o'clock P M., and duly recorded in Vol M 79 of DEEDS on Page 13710.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Hazel Deputy