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

68872

Vol. 79 M Page 13816

151
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: MICHAEL	Middle: JAMES	Last: O'CONNOR	2 DATE OF DEATH (month, day, year)	May 12, 1979
3 RACE (White, Black, American Indian, etc.) (specify)	White	4 SEX: Male	5a AGE—Last Birthday (years): 68	6 DATE OF BIRTH (month, day, year)	May 10, 1911
7a COUNTY OF DEATH	Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME: West Medical Center	7d	OOA
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: Married	11 SPOUSE (IF MARRIED, WIDOWED)	Margaret
12 SOCIAL SECURITY NUMBER	544 - 01 - 7222	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Engineer/Ret	14b KIND OF BUSINESS OR INDUSTRY: West Medical Center		
15a RESIDENCE—STATE	Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 410 N. 9th Street	15e Yes
16 FATHER—NAME first middle last	James O. O'Connor	17 MOTHER—Maiden Name first middle last: Catherine Colharty	18 INFORMANT—NAME and relationship to deceased: Margaret O'Connor - Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify)	Burial	19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery	19c LOCATION city or town, state: Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]	James K. Ward	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] Gerald Hartman	DATE SIGNED (Mo., Day, Yr.): 5/12/79	21c HOUR OF DEATH: 4:25 A M		
	CERTIFIER — NAME AND TITLE (Type or print): Gerald R. Hartman, M.D.	MAILING ADDRESS (Street, city or town, state, zip): Room 206, Medical-Dental Bldg/Klamath Falls, Oregon			
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
	21e				
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 14 1979	22b REGISTRAR [Signature]: Marian Ackerman				

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

(a) Respiratory Failure — Interval between onset and death: Approx 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(b) Amyotrophic Lateral Sclerosis — Interval between onset and death: Approx 1 yr

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)

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

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
No		M	
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-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 14 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 12th day of June A.D., 19 79 at 1:13 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 13816.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Deitsch Deputy