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

Vol. M 79 Page 18040

71497 — 260
Local File Number

# CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: First: Bernie; Middle: C.; Last: Mitchell
DATE OF DEATH (month, day, year): July 25, 1979
1 | 2
RACE White, Black, American Indian, etc.(specify): White (3)
SEX: Male (4)
AGE—Last birthday (years): 80 (5a)
Under 1 year: mos. / days (5b)
Under 1 day: hours / min. (5c)
DATE OF BIRTH (month, day, year): December 23, 1898 (6)
COUNTY OF DEATH: Klamath (7a)
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls (7b)
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Washburn Manor (7c)
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm. Inpatient (Specify): Inpatient (7d)
STATE OF BIRTH (If not in U.S.A., name country): Colorado (8)
CITIZEN OF WHAT COUNTRY: U.S.A. (9)
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married (10)
SPOUSE (IF MARRIED, WIDOWED): Julia Mitchell (11)
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes (12)
SOCIAL SECURITY NUMBER: 060-07-6789 (13)
USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Engineer (14a)
KIND OF BUSINESS OR INDUSTRY: So. Pacific Railroad (14b)
RESIDENCE—STATE: Oregon (15a)
COUNTY: Klamath (15b)
CITY, TOWN, OR LOCATION: Klamath Falls (15c)
STREET AND NUMBER OR R.F.D., ZIP: 2425 Summers Lane ✓ 97601 (15d)
Inside City Limits (specify yes or no): No (15e)
FATHER—NAME first middle last: — (16)
MOTHER—Maiden Name first middle last: — (17)
INFORMANT—NAME and relationship to deceased: Julia Mitchell, Wife (18)
BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial (19a)
CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens (19b)
LOCATION city or town state: Klamath Falls, Oregon (19c)
FUNERAL SERVICE LICENSEE Or person acting As Such [Signature]: (20a)
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. (20b)
DATE SIGNED [Mo., Day, Yr.]: 7/26/79 (21b)
HOUR OF DEATH: 1:05 P. M (21c)

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]
NAME AND ADDRESS OF CERTIFIER [Type or Print]: 2860 Daggett St., Klamath Falls, Ore. 97601
21d William A. Bartlett M.D.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 26 1979 (22a)
REGISTRAR [Signature]: Marian Ackerman (22b)

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
23 IMMEDIATE CAUSE (a): Cardiac Arrhythmia — Interval between onset and death: 12 hours
DUE TO, OR AS A CONSEQUENCE OF: Natural Causes — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Recent hip fracture, Chronic brain syndrome
AUTOPSY [Specify Yes or No]: 24 No
WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]: 25 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 — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 26g

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman, Deputy Registrar
Date JUL 26 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 30th day of July A.D., 19 79 at 12:54 o'clock P M., and duly recorded in Vol M 79, of DEEDS on Page 18040.

WM. D. MILNE, County Clerk
By Bernetha Wyleach Deputy

FEE $ 3.00