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

Vol. M79 Page 21510

23702 288
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: ROBERT GARY AINSWORTH				2 DATE OF DEATH (MONTH, DAY, YEAR): August 17, 1979	
3 RACE: White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 34	5B UNDER 1 YEAR: MOS. / DAYS	5C UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): June 12, 1945
7A COUNTY OF DEATH: Klamath	7B CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 3214 Western Street			7D IF HOSP. OR INST., INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY)
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): California	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIDOWED): ✓ Adrienne Ainsworth		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
13 SOCIAL SECURITY NUMBER: 549-58-0077	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Radiator Mechanic	14B KIND OF BUSINESS OR INDUSTRY: Equipment Repair			
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Klamath Falls	15D STREET AND NUMBER OR R.F.D.: 9110 Camp Day Place ✓ 97601		15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16 FATHER—NAME FIRST MIDDLE LAST: Edward H. Ainsworth	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Wilma - Marshand	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Adrienne Ainsworth, wife			
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation	19B CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory	19C LOCATION CITY OR TOWN STATE: Klamath Falls, Oregon 97601			
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: William F. Davenport	20B NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 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:

21A DEATH OCCURRED (HOUR): Approx. 9:00 A M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): August 17, 1979 10:30P M.	21C FROM: NATURAL CAUSES ☐	ACCIDENT ☒	SUICIDE ☐	
		HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐	
21D CERTIFIER—SIGNATURE: George R. Nicholson MD		21E NAME—(TYPE OR PRINT): George R. Nicholson, MD		DEGREE OR TITLE	
21F MEDICAL EXAMINER FOR: Klamath COUNTY		21G DATE SIGNED (MONTH, DAY, YEAR): August 23, 1979			
22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): AUG 23 1979	22B REGISTRAR (SIGNATURE): JoAnne Pratt				

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(a) Hypoxia — DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH: many hours
(b) Carbon Monoxide Intoxication — DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH: 11
(c) — INTERVAL BETWEEN ONSET AND DEATH:

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

AUTOPSY (SPECIFY YES OR NO): Yes — 24

25A DATE OF INJURY (MONTH, DAY, YEAR): 8-17-79	25B HOUR: 9:00am	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Carbon monoxide intoxication - faulty propane heater	
25D INJ. AT WORK (SPECIFY YES OR NO): Yes	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Radiator Shop	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 3214 Western St., Klamath Falls, Klamath, Oregon	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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 AUG 27 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 10th day of September A.D., 1979 at 11:54 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 21510.

FEE $3.50

WM. D. MILNE, County Clerk
By Doretha M. Leith Deputy