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

74872

356
Local File Number

CERTIFICATE OF DEATH

Vol. M79 Page 23376
State File Number

1 DECEASED—NAME: FIRST ELMO	MIDDLE WALTER	LAST GRIFFITH		2 DATE OF DEATH (MONTH, DAY, YEAR): September 23, 1979	
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 71	UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MIN. (5B / 5C)	6 DATE OF BIRTH (MONTH, DAY, YEAR): July 30, 1908	
7A COUNTY OF DEATH: Deschutes	7B CITY, TOWN, OR LOCATION OF DEATH: Bend	7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): St. Charles Medical Center		7D IF HOSP. OR INST., INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY): Emer. Rm	
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Iowa	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIDOWED): Dorothy L.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No	
13 SOCIAL SECURITY NUMBER: 470-03-8005	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Carpenter	14B KIND OF BUSINESS OR INDUSTRY: Construction			
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Klamath Falls	15D STREET AND NUMBER OR R.F.D.: 2558 Fargo	INSIDE CITY LIMITS (SPECIFY YES OR NO): 15E No	
16 FATHER—NAME FIRST MIDDLE LAST: Ira Griffith	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Blanche Sherwin	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Gary Griffith - Son			
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation	19B CEMETERY OR CREMATORY—NAME: Internal Hills Memorial Gardens	19C LOCATION CITY OR TOWN STATE: Klamath Falls, Oregon			
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [signature]	20B NAME AND ADDRESS OF FACILITY: Wards Funeral Home - 1945 Main - Klamath Falls, Oregon				

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): DOA 12:00 p.m.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): Sept. 23, 1979 12:00 p M.	21C FROM: NATURAL CAUSES [X]	ACCIDENT [ ]	SUICIDE [ ]	
		HOMICIDE [ ]	UNDETERMINED [ ]	PENDING [ ]	
21D CERTIFIER—SIGNATURE: [signature] David S. Spence, M.D.	21E NAME—(TYPE OR PRINT): David S. Spence	DEGREE OR TITLE: M.D.			
21F MEDICAL EXAMINER FOR: Deschutes COUNTY	21G DATE SIGNED (MONTH, DAY, YEAR): 9/23/1979				
22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): September 24, 1979	22B REGISTRAR (SIGNATURE): [signature] Vivian M Rayeratt				

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.)) — INTERVAL BETWEEN ONSET AND DEATH

PART I
(a) Arteriosclerotic Heart Disease — —
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

DATE OF INJURY (MONTH, DAY, YEAR) 25A	HOUR 25B	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25C	
INJ. AT WORK (SPECIFY YES OR NO) 25D	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25E	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F	

RESERVED FOR REGISTRAR'S USE

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VS-107 REV. 1-78

STATE OF OREGON
COUNTY OF DESCHUTES

After recording: Return to: O.L. Hoots 2991 S. 6th St., Suite 3 K.F., OR 97601

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Deschutes County Health Department.

Vivian M Rayeratt
Vivian M. Rayeratt, Registrar
Vital Statistics

SEAL

VOID IF ALTERED

September 25 19 79

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of October A.D., 19 79 at 4:41 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 23376.

WM. D. MILNE, County Clerk
By Bernetha A. Fetsch Deputy

FEE $3.50