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

Vol. M79 Page 23421

74910

193

Local File Number

# CERTIFICATE OF DEATH

State File Number

TYPE PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

| | | | | | |
|---|---|---|---|---|---|
| 1 DECEASED—NAME | First: FRED | Middle: ANDREW | Last: KISIAH | 2 DATE OF DEATH (month, day, year) | June 8, 1979 |
| 3 RACE White, Black, American Indian, etc. (specify) | White | 4 SEX: Male | 5a AGE—Last birthday (years): 72 | Under 1 year: 5b mos. / days | Under 1 day: 5c hours / min. |
| 6 DATE OF BIRTH (month, day, year) | June 6, 1907 | | | | |
| 7a COUNTY OF DEATH | Klamath | 7b CITY, TOWN OR LOCATION OF DEATH | Klamath Falls | 7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number) | West Medical Center |
| 7d IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient (Specify) | ER DOA | | | | |
| 8 STATE OF BIRTH (If not in U.S.A., name country) | Illinois | 9 CITIZEN OF WHAT COUNTRY | U.S.A. | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | Married |
| 11 SPOUSE (IF MARRIED, WIDOWED) | Maudie A. Kisiah | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) | No | | |
| 13 SOCIAL SECURITY NUMBER | 563-16-1263 | 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | Machinist | 14b KIND OF BUSINESS OR INDUSTRY | Airplane/shipyards |
| 15a RESIDENCE—STATE | Oregon | 15b COUNTY | Klamath | 15c CITY, TOWN, OR LOCATION | Klamath Falls |
| 15d STREET AND NUMBER OR R.F.D., ZIP | 3116 Lodi Street 97601 | 15e Inside City Limits (specify yes or no) | No | | |
| 16 FATHER—NAME first middle last | James — Kisiah | 17 MOTHER—Maiden Name first middle last | Polly — Quick | 18 INFORMANT—NAME and relationship to deceased | Maudie A. Kisiah, wife |
| 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) | Burial | 19b CEMETERY OR CREMATORY—NAME | Eternal Hills Memorial Gardens | 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 | | |

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] CERTIFIER — NAME AND TITLE (Type or print) | Charles D. Bury | 21b DATE SIGNED [Mo., Day, Yr.] | June 11 1979 |
| 21c HOUR OF DEATH | DOA 3:45 A M | 21d MAILING ADDRESS (Street, city or town, state, zip) | Charles D. Bury, 2850 Daggett Street, Klamath Falls, Oregon 97601 |

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: Raymond Tice, MD, Medical Dental Bldg. 905 Main St., Klamath Falls, Oregon 97601

| | | | |
|---|---|---|---|
| 22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] | JUN 11 1979 | 22b REGISTRAR [Signature] | Marian Ackerman |

PART I

| | | Interval between onset and death |
|---|---|---|
| 23 (a) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] | Acute Myocardial Infarction | |
| DUE TO, OR AS A CONSEQUENCE OF: (b) | ASHD | |
| 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] | No | 25 WAS CASE REFERRED TO MEDICAL EXAMINER [Specify Yes or No] | Yes |

| | | | | |
|---|---|---|---|---|
| 26a ACCIDENT [Specify Yes or No] | 26b DATE OF INJURY [Mo., Day, Yr.] | 26c HOUR OF INJURY M | 26d DESCRIBE HOW INJURY OCCURRED | |
| 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

D. L. Hoots
2261 S. 6th
K. Falls

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 11 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 3rd day of October A.D., 1979 at 2:34 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 23421.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Hotesch Deputy