HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M80 Page 3515

81036 — 364 (Local File Number)

# CERTIFICATE OF DEATH

State File Number

**DECEASED—NAME** (1) First: WILLARD Middle: C. Last: McKINNY

**DATE OF DEATH** (MONTH, DAY, YEAR) (2): October 6, 1979

**SEX** (4): Male

**AGE—LAST BIRTHDAY** (YEARS) (3A): 61

UNDER 1 YEAR: MOS. (3B) / DAYS / UNDER 1 DAY: HOURS (3C) / MIN.

**DATE OF BIRTH** (MONTH, DAY, YEAR) (6): August 7, 1918

**RACE** WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) (3): White

**HOSPITAL OR OTHER INSTITUTION—NAME** (IF NOT IN EITHER, GIVE STREET & NO.) (7C): 1245 Eldorado Blvd.

IF HOSP. OR INST., INDICATE DOA, OP/EMER, INPATIENT (SPECIFY) (7D):

**COUNTY OF DEATH** (7A): Klamath

**CITY, TOWN, OR LOCATION OF DEATH** (7B): Klamath Falls

**MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (SPECIFY) (10): Married

**SPOUSE** (IF MARRIED, WIDOWED) (11): Sherlet McKinny

**WAS DECEDENT EVER IN U.S. ARMED FORCES?** (SPECIFY YES OR NO) (12): Yes

**STATE OF BIRTH** (IF NOT IN U.S.A., NAME COUNTRY) (8): Minnesota

**CITIZEN OF WHAT COUNTRY** (9): U.S.A.

**USUAL OCCUPATION** (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) (14A): Realtor

**KIND OF BUSINESS OR INDUSTRY** (14B): Real Estate Sales

**SOCIAL SECURITY NUMBER** (13): 471-18-3648

**RESIDENCE—STREET AND NUMBER OR R.F.D.** (15D): 1245 Eldorado Blvd. ✓ 97601

**INSIDE CITY LIMITS** (SPECIFY YES OR NO) (15E): Yes

**RESIDENCE—STATE** (15A): Oregon

**COUNTY** (15B): Klamath

**CITY, TOWN, OR LOCATION** (15C): Klamath Falls

**INFORMANT—NAME AND RELATIONSHIP TO DECEASED** (18): Sherlet McKinny, wife ✓

**FATHER—NAME** First Middle Last (16): John Andrew McKinny

**MOTHER—MAIDEN NAME** First Middle Last (17): Sarah — Leonard

**LOCATION** CITY OR TOWN, STATE (19C): Klamath Falls, Oregon 97601

**BURIAL, CREMATION, REMOVAL, MAUS.** (SPECIFY) (19A): Burial

**CEMETERY OR CREMATORY—NAME** (19B): Klamath Memorial Park

**NAME AND ADDRESS OF FACILITY** (19D): Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

**FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE** (20A): William J. Davenport

**CERTIFICATION — MEDICAL EXAMINER**

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DESCRIBED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

**DEATH OCCURRED** (HOUR) (21A): 11:05 A M.

**THE DECEDENT WAS PRONOUNCED DEAD** MONTH DAY YEAR HOUR (21B): October 6, 1979 11:25 A M.

**NAME—(TYPE OR PRINT)** (21C): George R. Nicholson, MD

**CERTIFIER — SIGNATURE** (21D): George R. Nicholson MD

**DATE SIGNED** (MONTH, DAY, YEAR) (21G): October 11, 1979

**MEDICAL EXAMINER FOR:** COUNTY (21E): Klamath

**DATE RECEIVED BY REGISTRAR** (MO. DAY, YR.) (22A): October 11, 1979

**REGISTRAR** (22B SIGNATURE): Marian Ackerman

**PART I** — ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.)

23 IMMEDIATE CAUSE (A): Probable Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Seconds

DUE TO, OR AS A CONSEQUENCE OF (B): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Yrs

DUE TO, OR AS A CONSEQUENCE OF (C): — INTERVAL BETWEEN ONSET AND DEATH:

**AUTOPSY** (SPECIFY YES OR NO) (24): No

**PART II** — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) OR PART II, ITEM 23

Diabetes Mellitus

**DATE OF INJURY** (MONTH, DAY, YEAR) (25A): — **HOUR** (25B): — **HOW INJURY OCCURRED** (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

**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** (25D)

VS-107 REV. 1-78

ORIGINAL-VITAL STATISTICS COPY

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date OCT 11 1979

VOID IF ALTERED

(SEAL)

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 21st day of February A.D., 19 80 at 4:46 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 3515.

WM. D. MILNE, County Clerk

By Bernetha Deloach Deputy

FEE $3.50