

81492

CERTIFICATE OF DEATH

DECEASED—NAME 1 GERHARD		First	Middle	Last	State File Number	
2 White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male	AGE—Last birthday (years) 5a 71	Under 1 year 5b mos. days	Under 1 day 5c hours min.	DATE OF DEATH (month, day, year) 2 February 12, 1980
CITY, TOWN OR LOCATION OF DEATH 7a Klamath		CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c West Medical Center		DATE OF BIRTH (month, day, year) 6 February 18, 1908
STATE OF BIRTH (If not in U.S.A., name country) 8 Montana		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		IF HOSP. OR INST. Indicate DOA, Of Emer., Rm., Inpatient (Specify) 7d Inpatient
SOCIAL SECURITY NUMBER 13 477-10-8588		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Special Agent SPRR		SPOUSE (IF MARRIED, WIDOWED) 11 Dorothea D. Nichol		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D. ZIP 15d 4660 Boardman 97601		Inside City Limits (specify yes or no) 15e NO
FATHER—NAME first middle last 16 Henrie C. Nichol		MOTHER—Maiden Name first middle last 17 Katie Christenson		INFORMANT—NAME and relationship to deceased 18 Dorothea D. Nichol, wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature) 20a William F. Newport		NAME AND ADDRESS OF FACILITY 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601				
To be Completed by CERTIFYING PHYSICIAN Only 21a [Signature] Blake D. Berven		NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Blake D. Berven, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon		DATE SIGNED (Mo., Day, Yr.) 21b February 13, 1980		HOUR OF DEATH 21c 5:04 A.
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a FEB 13 1980		REGISTRAR 22b [Signature] Marian Ackerman				
PART I 23 IMMEDIATE CAUSE (a) Cardiogenic shock		Interval between onset and death 10 MIN				
(b) Acute infectious infection		Interval between onset and death 5 days				
(c)		Interval between onset and death				
PART II 24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Severe asthma		AUTOPSY (Specify Yes or No) 24 No				
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		DESCRIBE HOW INJURY OCCURRED 26d		
		LOCATION 26g		STREET OR R.F.D. NO. CITY OR TOWN STATE		

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 **FEB 14 1980**

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Ret to - **Dorothea D. Nichol**
4660 Boardman

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of March A.D., 19 80 at 3:00 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 4193.

FEE \$3.50

WM. D. MILNE, County Clerk

By **Bernethard Fetsch** Deputy