89244

318
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS—146

Vol. M80 Page 16814

State File Number

1 DECEASED—NAME FIRST: RALPH MIDDLE: M. LAST: GUTHRIE

2 DATE OF DEATH (MONTH, DAY, YEAR): August 25, 1980

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

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 77

UNDER 1 YEAR (MOS. / DAYS) 5B: —; UNDER 1 DAY (HOURS / MIN.) 5C: —

6 DATE OF BIRTH (MONTH, DAY, YEAR): May 25, 1903

7A CITY, TOWN, OR LOCATION OF DEATH: Near Klamath Falls

7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Weyco Rd #210-94

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

7D COUNTY OF DEATH: Klamath

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Olise C. Guthrie

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

13 SOCIAL SECURITY NUMBER: 701-16-1472

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

14B KIND OF BUSINESS OR INDUSTRY: Transportation:Railroad

15A RESIDENCE—STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Klamath Falls

15D STREET AND NUMBER OR R.F.D.: 735 South Riverside Drive 97601

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

16 FATHER—NAME FIRST MIDDLE LAST: John — Guthrie

17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Marietta — Derfield

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Olise C. Guthrie, 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

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. 1:30 P.M.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): August 26, 1980 6:35 P.M.

21C FROM: NATURAL CAUSES [X] HOMICIDE [ ] ACCIDENT [ ] UNDETERMINED [ ] SUICIDE [ ] PENDING [ ]

21D CERTIFIER—SIGNATURE: M. Cummings

21E NAME (TYPE OR PRINT), DEGREE OR TITLE: Michael Cummings, MD

21F MEDICAL EXAMINER FOR: Klamath COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): AUG 28 1980

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): AUG 28 1980

22B REGISTRAR (SIGNATURE): Claudia Francis

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

	Cause	Interval between onset and death
(A)	Probable Ventricular fibrillation	minutes
(B) DUE TO, OR AS A CONSEQUENCE OF:	Myocardial Infarction	minutes-hrs
(C) DUE TO, OR AS A CONSEQUENCE OF:	Occlusive Coronary Artery Disease	years

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

25A DATE OF INJURY (MONTH, DAY, YEAR): August 25, 1980

25B HOUR: 1:30PM

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Apparent Heart Attack

25D INJ. AT WORK (SPECIFY YES OR NO): No

25E PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Street

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): Long Lake Area off Weyco Rd #210-94, Klamath, Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

Blood Alcohol: 0.0 g/dl

'80 SEP 5 AM 10 01

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 Claudia Francis, Deputy Registrar

Date AUG 29 1980

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 5th day of September A.D., 19 80 at 10:01 o'clock A M., and duly recorded in Vol. M80 of Deeds on Page 16814.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha G. Letsch Deputy

csh 350