

91193

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

Vol. 280 Page 19884

301

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last HARRY MARTIN CASTRO			DATE OF DEATH (month, day, year) 2 August 12, 1980		
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 71	DATE OF BIRTH (month, day, year) 6 September 28, 1908	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		COUNTY OF DEATH Klamath	
STATE OF BIRTH (If not in U.S.A., name country) California		CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) Nella I. Castro	
SOCIAL SECURITY NUMBER 530 - 07 - 4958		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Lumberman - retired		KIND OF BUSINESS OR INDUSTRY Saw Mills	
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 2695 Alma Alley 97601	
FATHER—NAME first middle last Henry Castro		MOTHER—Maiden Name first middle last Ellen Mae Cassidy		INFORMANT—NAME and relationship to deceased Nella I. Castro (Wife)	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		LOCATION city or town state Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Ward's Klamath Funeral Home Inc. Klamath Falls, Oregon 97601			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Kenneth K. Magee</i> M.D.		DATE SIGNED (Mo., Day, Yr.) 8-14-80		HOUR OF DEATH 3:30 P.M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Kenneth K. Magee, M.D., Medical Dental Building, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 18 1980		REGISTRAR 22b (Signature) <i>Claudia Francis</i>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cardiac Arrest		Interval between onset and death seconds			
(b) Cor Pulmonale		Interval between onset and death years			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Embolization to both legs (sudden)		AUTOPSY (Specify, Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a	26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN STATE
26e	26f	26g	26h		
RESERVED FOR REGISTRAR'S USE					

HS-2 Rev-1-80

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 19 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 13th day of October A.D., 19 80 at 11:46 o'clock A M., and duly recorded in Vol. M80 of Deeds on Page 19884.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Bernetha H. Heltch* Deputy