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

Local File Number: 404

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First ROBERT Middle W. Last CLARK
2 DATE OF DEATH (month, day, year): November 11, 1980
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE—Last birthday (years): 58
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): February 8, 1922
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Emer. Rm.
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Missouri
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Juanita Titus
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 493-16-8352
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Welder
14b KIND OF BUSINESS OR INDUSTRY: Timber Industry
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Merrill ✓
15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 126 ✓ 97633
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Wiley - Clark
17 MOTHER—Maiden Name first middle last: Flossie - Workman
18 INFORMANT—NAME and relationship to deceased: Juanita J. Clark, wife ✓
19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Burial
19b CEMETERY OR CREMATORY—NAME: Mt. Laki Cemetery
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]: John D. Merryman M.D.
21b DATE SIGNED [Mo., Day, Yr.]: Nov. 12, 1980
21c HOUR OF DEATH: 10:40 P M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: John D. Merryman, MD, 303 Pine Street, Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: NOV 13 1980
22b REGISTRAR [Signature]: Claudia Frances

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
PART I (a): Cardiac Arrest — Interval between onset and death: 5 min
DUE TO, OR AS A CONSEQUENCE OF:
(b): Arteriosclerotic Heart Disease/Acute Infarction — Interval between onset and death: 15 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(c): Myocardial Infarction — Interval between onset and death: 2 hrs.
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 MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY [Mo., Day, Yr.]:
26c HOUR OF INJURY:
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

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 Frances, Deputy Registrar
Date NOV 14 1980
VOID IF ALTERED

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

$3.50 paid

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 14th day of Janua-ry A.D., 1981 at 2:53 o'clock P M., and duly recorded in Vol M81, of Deeds on page 695.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK