

94916

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. 81 Page 944

CERTIFICATE OF DEATH

| | | | | | | | | | |
|---|--|---|--|--|--|--------------------------------------|--|--|--|
| DECEASED—NAME | | First | | Middle | | Last | | State File Number | |
| IRVIN | | A. | | MILLER | | | | DATE OF DEATH (month, day, year) | |
| 1 RACE White, Black, American Indian, etc. (specify) | | 3 SEX | | AGE—Last birthday (years) | | Under 1 year | | DATE OF BIRTH (month, day, year) | |
| White | | Male | | 60 | | Under 1 day | | December 10, 1980 | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) | | IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) | | COUNTY OF DEATH | | | |
| Portland | | Good Samaritan Hospital | | Inpatient | | Multnomah | | | |
| 7a STATE OF BIRTH (If not in U.S.A. name country) | | 8 CITIZEN OF WHAT COUNTRY | | 9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | | 10 SPOUSE (If married, widowed) | | 11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) | |
| Kansas | | USA | | Married | | Evelyn | | Yes | |
| 12 SOCIAL SECURITY NUMBER | | 13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | | 14a KIND OF BUSINESS OR INDUSTRY | | 14b | | | |
| 540-16-0409 | | Oil Distributor | | Union Oil Company | | | | | |
| 15a RESIDENCE—STATE | | 15b COUNTY | | 15c CITY, TOWN OR LOCATION | | 15d STREET AND NUMBER OR R.F.D., ZIP | | 15e Inside City Limits (specify yes or no) | |
| Oregon | | Klamath | | Merrill | | P. O. Box 0 | | Yes | |
| 16 FATHER—NAME first middle last | | 17 MOTHER—Maiden Name first middle last | | 18 INFORMANT—NAME and relationship to deceased | | 19 | | | |
| Frank E. Miller | | Eula P. Williams | | Evelyn S. Miller | | Wife | | X | |
| 20a BURIAL, CREMATION, REMOVAL, MAIMS (specify) | | 20b CEMETERY OR CREMATORY—NAME | | 20c LOCATION city or town state | | 20d | | | |
| Burial | | Eternal Hills Memorial Gardens | | Merrill, Oregon | | | | | |
| 21a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) | | 21b NAME AND ADDRESS OF FACILITY | | 21c DATE SIGNED (Mo., Day, Yr.) | | 21d HOUR OF DEATH | | | |
| Bill Davenport | | 6420 South Sixth Klamath Falls, Ore | | 12/15/80 | | 2:00 A.M. | | | |
| 21e NAME AND ADDRESS OF CERTIFIER (Type or Print) | | 21f NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 21g | | 21h | | | |
| Mark Hattenhauer | | 2256 N.W. Lovejoy | | Portland OR | | 97210 | | | |
| 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | 22b REGISTRAR | | 22c | | 22d | | | |
| DEC 23 1980 | | James J. McAllister | | | | | | | |
| 23 PART I IMMEDIATE CAUSE | | 24 PART II DUE TO OR AS A CONSEQUENCE OF | | 25 PART III OTHER SIGNIFICANT CONDITIONS | | 26 | | | |
| (a) Vent. Failure | | (b) Acute Large Myocardial Infarction | | (c) Coronary Artery Disease | | 26a | | | |
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STATE OF OREGON
COUNTY OF MULTNOMAH

Date DEC 23 1980

HS-2 Rev-1-80

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

James J. McAllister
James J. McAllister
REGISTRAR OF VITAL STATISTICS

SEAL

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the

20th day of January A.D., 19 81 at 4:26 o'clock P M., and duly recorded inVol M81 of Deeds on Page 944Fee \$ 3.50

EVELYN BIEHN

Evelyn Biehn
By *Evelyn Biehn* deputy