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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS — 146

Local File Number — State File Number

1 DECEASED—NAME (FIRST, MIDDLE, LAST)	Everett Opshal Slater			2 DATE OF DEATH (MONTH, DAY, YEAR)	February 15, 1981
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	White	4 SEX	Male	5 AGE—LAST BIRTHDAY (YEARS) 5A	69
UNDER 1 YEAR: 5B MOS. / 5C DAYS / HOURS / MIN.				6 DATE OF BIRTH (MONTH, DAY, YEAR)	January 25, 1912
7A CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)	Merle West Med. Cent	7C IF HOSP. OR INST. INDICATE DOA (EMERGENCY), OPD (OUTPATIENT), OR INPATIENT (SPECIFY)	Inpatient
7D COUNTY OF DEATH	Klamath				
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Idaho	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Widowed
11 SPOUSE (IF MARRIED, WIDOWED)	Edith Slater	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	Yes		
13 SOCIAL SECURITY NUMBER	518-10-9120	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Hwy. Engr. State of Calif.	14B KIND OF BUSINESS OR INDUSTRY	Engineering
15A RESIDENCE—STATE	Oregon	15B COUNTY	Klamath	15C CITY, TOWN, OR LOCATION	Klamath Falls
15D STREET AND NUMBER OR R.F.D.	1726 Kane St.	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	No		
16 FATHER—NAME FIRST MIDDLE LAST	Ray Slater	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST	Laura Whipple	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Betty Workman, Sister
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Burial	19B CEMETERY OR CREMATORY—NAME	Redding Cemetery	19C LOCATION—CITY OR TOWN, STATE	Redding, California Ore. 97601
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE	Mike Olsen	20B NAME AND ADDRESS OF FACILITY	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls,		

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)	3:53 P. M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)	Feb. 15, 1981 3:53 P. M.	21C FROM: NATURAL CAUSES ☐	ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21D CERTIFIER—SIGNATURE	George R. Nicholson	21E NAME—(TYPE OR PRINT) DEGREE OR TITLE	George R. Nicholson M.D.		
21F MEDICAL EXAMINER FOR: COUNTY	Klamath	21G DATE SIGNED (MONTH, DAY, YEAR)			
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	FEB 17 1981	22B REGISTRAR (SIGNATURE)	Claudia Francis		

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

PART I (A) Crushing injuries of chest — INTERVAL BETWEEN ONSET AND DEATH: 30 mins

DUE TO, OR AS A CONSEQUENCE OF: (B)

DUE TO, OR AS A CONSEQUENCE OF: (C)

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) — AUTOPSY (SPECIFY YES OR NO) 24: No

25A DATE OF INJURY (MONTH, DAY, YEAR)	2-15-81	25B HOUR	8:20 P. M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	Two vehicle automobile accident
25D INJ. AT WORK (SPECIFY YES OR NO)	No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	Hwy.	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	Altamont Dr. & So. Side By-Pass, Klamath Falls, Klamath, Oregon

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL - VITAL STATISTICS COPY

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 FEB 17 1981

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 19th day of February A.D., 19 81 at 10:59 o'clock A M., and duly recorded in Vol M81 of Deeds on page 2858.

EVELYN BIEHN
COUNTY CLERK

Fee $ 3.50

By Bernetta Letcher Deputy