of Oregon
ION STATE HEALTH DIVISION
rtment of Human Resources

'81 MAR 4 AM 11 53

CERTIFICATE OF DEATH

Vol M81 Page 7900

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

99149 143
Local File Number

State File Number

DECEASED—NAME 1 First: HARRY Middle: JIM Last: MORGAN

2 DATE OF DEATH (month, day, year): April 8, 1981

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE—Last birthday (years): 68

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): October 24, 1912

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]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Nebraska

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): Deleen G. Morgan

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

13 SOCIAL SECURITY NUMBER: 508 - 05 - 0496

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Chipper operator - retired

14b KIND OF BUSINESS OR INDUSTRY: D.G. Shelter Products

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 5861 S. 6th. St. Sp. 1 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Charles Morgan

17 MOTHER—Maiden Name first middle last: Stella Lantis

18 INFORMANT—NAME and relationship to deceased: Deleen Morgan (Wife)

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

20c DATE SIGNED [Mo., Day, Yr.]: 4-9-81

20d HOUR OF DEATH: 11:37 A.M

DISPOSITION

CERTIFIER

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]: Jack N Martin M.D.

21b NAME AND ADDRESS OF CERTIFIER [Type or Print]: Jack N. Martin, M.D., 1900 Main Street, Klamath Falls, Oregon 97601

21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

21d DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 10 1981

22a REGISTRAR [Signature]: Claudia Frances

22b

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE: Acute Myocardial Infarction

(a) DUE TO, OR AS A CONSEQUENCE OF: Chronic Coronary Arteriosclerosis

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

(c)

Interval between onset and death: 30 Minutes

Interval between onset and death: 10 years

Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Diabetes Mellitus

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

MANNER OF DEATH

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)

3 CD CS

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Frances, Deputy Registrar
Date APR 10 1981
VOID IF ALTERED

(SEAL)

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 4th day of May A.D., 1981 at 11:53 o'clock A M., and duly recorded in Vol M81 of Deeds on page 7900.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK
By Debra A Dangin Deputy