

613

CERTIFICATE OF DEATH

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Vital Records Unit

TYPE
PRINT
IN
MAJESTIC
BLACK
INK
FOR
DUPLICATIONS
SEE
INSTRUCTIONS

IDENT
DEATH
RECORD IN
NATIONAL
AND BOOK
KEEPING
SECTION OF
VITAL RECORDS

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SIGNATURE

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Local File Number 219		State File Number	
DECEASED—NAME First Middle Last Harrison D. Lindsey		DATE OF DEATH (month, day, year) 2 June 3, 1981	
1 RACE White, Black, American Indian, etc. (Specify) White		2 DATE OF BIRTH (month, day, year) 6 December 7, 1903	
3 SEX Male		4 AGE—Last birthday (years) 77	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in center, give street and number) Mt. View Care Center	
7a STATE OF BIRTH (If not in U.S., name country) Minnesota		7b CITIZEN OF WHAT COUNTRY U.S.A.	
8 SOCIAL SECURITY NUMBER 700-10-3208		9 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer	
10 RESIDENCE—STATE Oregon		11 COUNTY Klamath	
12 CITY, TOWN, OR LOCATION Klamath Falls		13 STREET AND NUMBER OR R.F.D., ZIP 1502 Ivory St. 97601	
14a FATHER—NAME first middle last Guy Lindsey		14b MOTHER—Name first middle last Dora	
15a CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		15b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore.	
16a FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature) <i>[Signature]</i>		16b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore.	
17a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 4 1981		17b REGISTRAR (Signature) <i>[Signature]</i>	
18a IMMEDIATE CAUSE Natural causes		18b INTERVAL BETWEEN ONSET AND DEATH years	
19a DUE TO, OR AS A CONSEQUENCE OF: Chronic Bronchitis		19b INTERVAL BETWEEN ONSET AND DEATH years	
20a DUE TO, OR AS A CONSEQUENCE OF: Parkinsonism		20b INTERVAL BETWEEN ONSET AND DEATH years	
21a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) ASVD		21b AUTOPSY (Specify Yes or No) No	
22a ACCIDENT (Specify Yes or No) No		22b DATE OF INJURY (Mo., Day, Yr.) No	
23a PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		23b LOCATION No	
24a INJURY AT WORK (Specify Yes or No) No		24b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	
25a INJURY AT WORK (Specify Yes or No) No		25b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	

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 Francis, Deputy Registrar

Date JUN 4 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

10th day of June A.D., 1981 at 10:50 o'clock A M., and duly recorded in

Vol M 81 of Deeds on page 10377.

Fee \$ 3.50

By Evelyn Biehn deputy
COUNTY CLERK