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

Vol. M81

Page 15175

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Local File Number 194

DECEASED—NAME First Middle Last  
**ELBERT A. HARRINGTON**

RACE White, Black, American Indian, etc. (specify) **White** SEX **Male** AGE—Last birthday (years) **73** Under 1 year **5b** Under 1 day **5c**

CITY, TOWN OR LOCATION OF DEATH **Sprague River** HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) **Drews Road (Residence)** IF HOSP OR INST, indicate DOA, OP, Emer., Am., Inpatient (Specify) **7c**

STATE OF BIRTH (If not in U.S.A., name country) **California** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) **Married** SPOUSE (If MARRIED, WIDOWED) **Cleo M. Noel** WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) **No**

SOCIAL SECURITY NUMBER **548-01-8922** USUAL OCCUPATION (give kind of work done during most of working life, even if retired) **14a Serviceman** KIND OF BUSINESS OR INDUSTRY **14b Appliance Repair**

RESIDENCE—STATE **15a Oregon** COUNTY **15b Klamath** CITY, TOWN, OR LOCATION **15c Sprague River** STREET AND NUMBER OR R.F.D., ZIP **15d P.O. Box 272 97639** Inside City Limits (specify yes or no) **15e NO**

FATHER—NAME first middle last **16 Charles F. Harrington** MOTHER—Maiden Name first middle last **17 Grace Nichols** INFORMATION—NAME and relationship to deceased **18 Cleo M. Harrington, wife**

BURIAL, CREMATION, REMOVAL, MAUS. (specify) **19a Cremation** CEMETERY OR CREMATORY—NAME **19b Eternal Hills Crematory** LOCATION city or town state **19c Klamath Falls, Oregon 97601**

FUNERAL SERVICE LICENSES Or Person Acting As Such (Signature) **20a William J. Rouenport** NAME AND ADDRESS OF FACILITY **20b 6420 South Sixth Street, Klamath Falls, Oregon 97601**

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated  
21a (Signature) **Everett E. Howard** DATE SIGNED (Mo., Day, Yr.) **5/14/81** HOUR OF DEATH **21c 3:05 P.M.**

NAME AND ADDRESS OF CERTIFIER (Type or Print) **21d Everett E. Howard, MD 2622 Campus Drive, Klamath Falls, Oregon 97601**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **21e**

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **22a MAY 14 1981** REGISTRAR **22b (Signature) Claudia Francis**

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c])  
(a) **MYOCARDIAL INFARCTION** Interval between onset and death **minute**  
(b) **HYPERTENSIVE HEART DISEASE** Interval between onset and death  
(c) **MYOCARDIAL INFARCTION** Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)  
**ARRHYTHMIC FIBRILLATION**

ACCIDENT (Specify Yes or No) **26a NO** DATE OF INJURY (Mo., Day, Yr.) **26b** HOUR OF INJURY **26c** DESCRIBE HOW INJURY OCCURRED **26d** WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) **25 NO**

INJURY AT WORK (Specify Yes or No) **26e** PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) **26f** LOCATION **26g** STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

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 **MAY 15 1981**

VOID IF ALTERED

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

Return to:  
GIACOMINI, JONES & ASSOCIATES  
ATTORNEYS AT LAW  
A PROFESSIONAL CORPORATION  
633 MAIN STREET  
KLAMATH FALLS, OREGON 97601

STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the **25th** day of **August** A.D., **1981** at **4:01** o'clock **P** M., and duly recorded in Vol **M81** of Deeds on page **15175**.

Fee \$ **3.50**

EVELYN BIEHN  
COUNTY CLERK

By **Bernetha J. Delich** Deputy