Oregon
STATE HEALTH DIVISION
nt of Human Resources

7459

CERTIFICATE OF DEATH

Vol M81 page 2146.2
81-015237

368
Local File Number

Vital Records Unit

State File Number

DECEASED—NAME: 1 First: Carl	Middle: August	Last: Young		DATE OF DEATH (month, day, year): 2 September 19, 1981	
RACE (White, Black, American Indian, etc. (specify)): 3 White	SEX: 4 Male	AGE—Last birthday (years): 5a 87	Under 1 year: mos. 5b / days	Under 1 day: hours / min. 5c	DATE OF BIRTH (month, day, year): 6 August 18, 1894
CITY, TOWN OR LOCATION OF DEATH: 7a Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7b 1850 Riverside	IF HOSP. OR INST. Indicate DOA (ER/Emer., Rm., Inpatient (Specify)): 7c --		COUNTY OF DEATH: 7d Klamath	
STATE OF BIRTH (If not in U.S.A., name country): 8 Kansas	CITIZEN OF WHAT COUNTRY: 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married	SPOUSE (IF MARRIED, WIDOWED): 11 Josephine B.	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 Yes	
SOCIAL SECURITY NUMBER: 13 541-36-9118	USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Machinist	KIND OF BUSINESS OR INDUSTRY: 14b Own Business			
RESIDENCE—STATE: 15a Oregon	COUNTY: 15b Klamath	CITY, TOWN, OR LOCATION: 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP: 15d 1850 Riverside 97601	Inside City Limits (specify yes or no): 15e No	
FATHER—NAME first middle last: 16 August Young	MOTHER—Maiden Name first middle last: 17 Anna Strand	INFORMANT—NAME and relationship to deceased: 18 Josephine B. Young - Wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Cremation	CEMETERY OR CREMATORY—NAME: 19b Eternal Hills Crematorium	LOCATION city or town / state: 19c Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): 20a	NAME AND ADDRESS OF FACILITY: 20b O'Hairs Funeral Chapel 515 Pine St. Klamath Falls, Ore. 97601				
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, MD	DATE SIGNED (Mo., Day, Yr.): 21b 9-24-81	HOUR OF DEATH: 21c 7:00 P. M			
NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Jack N. Martin M.D. 1900 Main Street Klamath Falls, Oregon 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a SEP 21 1981	REGISTRAR: 22b (Signature) Claudia Francis				

PART I. 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

		Interval between onset and death
(a)	Pulmonary Congestion	8 weeks
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c)	Chronic Myocarditis	Interval between onset and death 3 years

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

ACCIDENT (Specify Yes or No): 26a	DATE OF INJURY (Mo., Day, Yr.): 26b	HOUR OF INJURY: 26c M	DESCRIBE HOW INJURY OCCURRED: 26d	AUTOPSY (Specify Yes or No): 24 No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No
INJURY AT WORK (Specify Yes or No): 26h	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f	LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE: 26g			

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

Pd Product 2.00 Mail

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED DECEMBER 7 1981

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 16 day of December A.D., 19 81 at 9:30 o'clock A M., and duly recorded in Vol M 81, of Deeds on page 2146.2.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McClure deputy