

8309

6

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME First Middle Last <b>ALFRED LESLIE RAINWATER</b>			DATE OF DEATH (month, day, year) <b>January 5, 1982</b>		
RACE White, Black, American Indian, etc. (specify) <b>White</b>		SEX <b>Male</b>	AGE—Last birthday (years) <b>81</b>	DATE OF BIRTH (month, day, year) <b>May 6, 1900</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>West Medical Center</b>		COUNTY OF DEATH <b>Klamath</b>	
STATE OF BIRTH (If not in U.S.A. name country) <b>Oregon</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	SPOUSE (IF MARRIED, WIDOWED) <b>Amanda M.</b>	
SOCIAL SECURITY NUMBER <b>700 - 09 - 9336</b>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Engineer / Retired</b>		KIND OF BUSINESS OR INDUSTRY <b>Southern Pacific Rail Road</b>	
RESIDENCE—STATE <b>Oregon</b>		COUNTY <b>Klamath</b>	CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	STREET AND NUMBER OR R.F.D., ZIP <b>5005 S. 6th Street</b>	
FATHER—NAME first middle last <b>Fred Rainwater</b>		MOTHER—Maiden Name first middle last <b>Virtue Newman</b>		INFORMANT—NAME and relationship to decedent <b>Amanda M. Rainwater / Wife</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>Oakville Cemetery</b>		LOCATION city or town state <b>Near Corvallis, Oregon</b>	
FURNERIAL SERVICE LICENSEE OF Person Acting As Such (Signature) <i>Carmel K. Clark</i>		NAME AND ADDRESS OF FACILITY <b>WARD'S / 1945 Main / Klamath Falls, Oregon / 97601</b>			
20a (Signature) <i>F. Geoffrey Marx</i>		DATE SIGNED (Mo., Day, Yr.) <b>1/6/82</b>		HOUR OF DEATH <b>6:28 P M</b>	
NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>F. Geoffrey Marx, MD / 2614 Clover / Klamath Falls, Oregon / 97601</b>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>JAN 1 1 1982</b>		REGISTRAR <i>Claudia Francis</i>			
IMMEDIATE CAUSE <b>Acute Myocardial Infarction</b>		Interval between onset and death <b>6 hrs</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) <b>No</b>	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>No</b>
ACCIDENT (Specify Yes or No) <b>No</b>		DATE OF INJURY (Mo., Day, Yr.) <b>26b</b>	HOUR OF INJURY <b>26c</b>	DESCRIBE HOW INJURY OCCURRED <b>26d</b>	
INJURY AT WORK (Specify Yes or No) <b>26e</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>26f</b>	LOCATION <b>26g</b>	STREET OR R.F.D. NO.	CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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 **JAN 1 1 1982**

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

14 day of January A.D., 1982 at 4:16 o'clock P M., and duly recorded in

Vol M 82 of Deeds on page 553.

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

By *Joyce M. Shure* deputy