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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M67 PAGE

CERTIFIED COPY OF DEATH RECORD

67-1473R

STATE FILE NO.

LOCAL REGISTRAR'S NUMBER 290

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: JUNIOR — Middle: TALLEY — Last: RINK

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 38 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: Rt. 3 Box 51

4. DATE OF DEATH — Month: October — Day: 14 — Year: 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542-12-5298
9. USUAL OCCUPATION (Kind of work done during most of life): Retired laborer
10. KIND OF BUSINESS OR INDUSTRY: Sou.Pac.Stockyards
11. NAME OF SPOUSE: Della Rink
12. DATE OF BIRTH — Month: July — Day: 14 — Year: 1889
13. AGE LAST BIRTHDAY (Yrs.): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Gladston, Alabama
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No
17. NAME OF FATHER: Amos Andrew Rink
18. MAIDEN NAME OF MOTHER: Lydia Boyd
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Jimmie Dee Graham (Daughter)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)

	Cause	Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Cerebral Vascular Accident	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):	Severe arteriosclerosis	5 years
DUE TO (C):		

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No
23. WAS DEATH RESULT OF [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City / County / State
26. TIME OF INJURY — Hour ...... a.m. ...... p.m. — Month / Day / Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) the deceased from or on 1950 (date) to 10/14/67 (date) and that the death occurred at 6:10 p m. from the causes and on the date stated above.

C. L. Hunt, M.D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 10/16/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 10/18/67
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 10-16-67
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward Klamath Falls, Oregon

1982 JAN 25 PM 12 02

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.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By Marian Ackerman
Deputy

Date October 17, 1967

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 25 day of January A.D., 1982 at 12:02 o'clock P M., and duly recorded in Vol M 82 of Deeds on page 983.

EVELYN BIEHN
COUNTY CLERK

By Joyce McElhaney deputy

Fee $ 4.00