of Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

8830

CERTIFICATE OF DEATH

Vol. M82 Page 1382

Vital Records Unit

36
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME 1: First: Clarence; Middle: L.; Last: Ingold

DATE OF DEATH (month, day, year) 2: January 29, 1982

RACE White, Black, American Indian, etc. (specify) 3: White

SEX 4: Male

AGE—Last birthday (years) 5a: 88; Under 1 year: mos 5b, days; Under 1 day: hours, min 5c

DATE OF BIRTH (month, day, year) 6: October 28, 1893

CITY, TOWN OR LOCATION OF DEATH 7a: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b: Merle West Med. Center

IF HOSP. OR INST. Indicate DOA, CP/Emer., Rm., Inpatient [Specify] 7c: Inpatient

COUNTY OF DEATH 7d: Klamath

STATE OF BIRTH (If not in U.S.A. name country) 8: Illinois

CITIZEN OF WHAT COUNTRY 9: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married

SPOUSE (IF MARRIED, WIDOWED) 11: Ruth E.

WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12: Yes

SOCIAL SECURITY NUMBER 13: 567-56-9254

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Optometrist

KIND OF BUSINESS OR INDUSTRY 14b: Medical Services

RESIDENCE—STATE 15a: Oregon

COUNTY 15b: Klamath

CITY, TOWN, OR LOCATION 15c: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP 15d: 1900 Tiffany St. 97601

Inside City Limits (specify yes or no) 15e: Yes

FATHER—NAME first middle last 16: August Ingold

MOTHER—Maiden Name first middle last 17: Katherine Gingrich

INFORMANT—NAME and relationship to deceased 18: Ruth E. Ingold - Wife

BURIAL, CREMATION, REMOVAL, MAUS. [specify] 19a: Burial

CEMETERY OR CREMATORY—NAME 19b: Eternal Hills Memorial Gardens

LOCATION city or town, state 19c: Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a: [signature]

NAME AND ADDRESS OF FACILITY 20b: O'Hair's 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] [signature]

DATE SIGNED [Mo., Day, Yr.] 21b: 2-1-82

HOUR OF DEATH 21c: 10:15 A.M. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d: Dr. Everett Howard 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: FEB 2 1982

REGISTRAR 22b [Signature]: [signature]

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

(a) ACUTE ANTERIOR MYOCARDIAL INFARCTION — Interval between onset and death: HOURS

DUE TO, OR AS A CONSEQUENCE OF:

(b) ARTERIOSCLEROSIS — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

AUTOPSY [Specify Yes or No] 24: No

WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25: No

ACCIDENT [Specify Yes or No] 26a

DATE OF INJURY [Mo., Day, Yr.] 26b

HOUR OF INJURY 26c M

DESCRIBE HOW INJURY OCCURRED 26d

INJURY AT WORK [Specify Yes or No] 26e

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)

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 [signature], Deputy Registrar

Date FEB 2 1982

VOID IF ALTERED

(SEAL)

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 3 day of Feb A.D., 19 82 at 12:04 o'clock P M., and duly recorded in Vol M 82, of Deeds on page 1382.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By [signature] deputy