OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. M82 Page 2643

9616

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 184

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: WARNER; Middle: DALE; Last: CARR

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: 32 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 5746 Delaware Avenue

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.: 5746 Delaware Avenue

4. DATE OF DEATH: Month: July; Day: 3; Year: 1965
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 540-16-8097
9. USUAL OCCUPATION (Kind of work done during most of life): Weed & Pest Control
10. KIND OF BUSINESS OR INDUSTRY: Klamath Co. Agent
11. NAME OF SPOUSE: Frances L. Carr
12. DATE OF BIRTH: Month: July; Day: 30; Year: 1908
13. AGE LAST BIRTHDAY: 56 Yrs.
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HOURS: Hours; Minutes
14. BIRTHPLACE (State or Foreign Country): Preston, Kansas
15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? ----
17. NAME OF FATHER: Gus Carr
18. MAIDEN NAME OF MOTHER: Ida Frazier
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Frances L. Carr (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary Occlusion, acute — Interval Between Onset and Death: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Ischemia ventricles, chronic — 6 to 8 mos.
DUE TO (C): Sinus Tachycardia, left ventricular strain — 1 year
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 ☒ 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; Month; Day; Year; ..... a.m. ..... p.m.
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (attended) last saw alive and last examined the deceased from or on Dec 1964 (date) to 15 June 1965 (date) and that the death occurred at 12:45p.m. from the causes and on the date stated above.
Paul W. Sharp, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 6 July 65 (Date signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 7/7/65
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-6-65
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wm P. Kendall Klamath Falls, Oregon

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 July 7, 1965

STATE OF OREGON; COUNTY OF KLAMATH; ss
I hereby certify that the within instrument was received and filed for record on the 2 day of March A.D., 1982 at 2:20 o'clock P M and duly recorded in Vol M 82, of Deeds on page 2643

EVELYN BIEHN COUNTY CLERK
by Joyce McClure Deputy

FEE $ 4.00