

CERTIFICATE OF DEATH

Vital Records Unit

15194/110

11602

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

EDENT

DEATH
CERTIFIED IN
TITUTION
HANDBOOK
CARING
SECTION OF
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POSITION

TITLER

INDICATIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
AFFECTING THE
DETERLYING
USE LAST

USE OF
EATH

DECEASED NAME		First		Middle		Last		State File Number	
1		ALBERT		McLAINE		BLAKE		2 DATE OF DEATH (month, day, year)	
3 RACE White, Black, American Indian, etc. (specify)		4 SEX Male		5a AGE - Last birthday (years)		5b Under 1 year		5c Under 1 day	
6 CITY, TOWN OR LOCATION OF DEATH		7a Klamath Falls		7b 1018 N. Eldorado		7c IF HOSP. OR INST. Indicate DOA, OP/Emor, Am, Inpatient (Specify)		8 DATE OF BIRTH (month, day, year)	
9 STATE OF BIRTH (If not in U.S.A., name country)		10 U.S.A.		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12 SPOUSE (IF MARRIED, WIDOWED)		13 DATE OF BIRTH (month, day, year)	
14 SOCIAL SECURITY NUMBER		15 543 / 10 / 4415		16 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		17 14a Mechanic/Driver - Ret.		18 KIND OF BUSINESS OR INDUSTRY	
19 RESIDENCE - STATE		20 Oregon		21 COUNTY		22 Klamath		23 CITY, TOWN, OR LOCATION	
24 FATHER - NAME		25 first middle last		26 MOTHER - Maiden Name		27 first middle last		28 STREET AND NUMBER OR R.F.D., ZIP	
29 Thomas Albert Blake		30 Ethel T. Turner		31 1018 N. Eldorado		32 97601		33 Inside City Limits (specify yes or no)	
34 BURIAL, CREMATION, REMOVAL, MAUS. (specify)		35 CREMATION		36 CEMETERY OR CREMATORY - NAME		37 Eternal Hills Memorial Gardens		38 INFORMANT - NAME and relationship to deceased	
39 FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		40 NAME AND ADDRESS OF FACILITY		41 WARD'S - 1945 Main - Klamath Falls, Oregon		42 97601		43 LOCATION city or town state	
44 20a (Signature) <i>Charles S. Kocher</i>		45 20b NAME AND ADDRESS OF CERTIFIER (Type or Print)		46 Mark Kochevar, MD / 1905 Main Street - Klamath Falls, Oregon		47 97601		48 HOUR OF DEATH	
49 21a (Signature) <i>Mark S. Kochevar</i>		50 21b 3-24-82		51 21c 1:00 A M		52 97601		53 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
54 21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		55 MAR 3 0 1982		56 REGISTRAR		57 (Signature) <i>Claudia Francis</i>		58	
59 23 IMMEDIATE CAUSE		60 (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		61 (a) DUE TO, OR AS A CONSEQUENCE OF:		62 Cardiac arrest		63 Interval between onset and death	
64 (b) DUE TO, OR AS A CONSEQUENCE OF:		65 Coagulation heart failure		66 (c) DUE TO, OR AS A CONSEQUENCE OF:		67 Arterio-sclerotic heart disease		68 Interval between onset and death	
69 PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		70 none		71 AUTOPSY (Specify Yes or No)		72 No		73 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
74 26a ACCIDENT (Specify Yes or No)		75 No		76 DATE OF INJURY (Mo., Day, Yr.)		77 HOUR OF INJURY		78 DESCRIBE HOW INJURY OCCURRED	
79 26b INJURY AT WORK (Specify Yes or No)		80 No		81 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		82 LOCATION		83 STREET OR R.F.D. NO. CITY OR TOWN STATE	
84 26c		85 26d		86 26e		87 26f		88 26g	

RESERVED FOR REGISTRAR'S USE

AFTER RECORDING RETURN TO:
BOIVIN & BOIVIN, P. C.
110 North Sixth Street
Klamath Falls, Oregon 97601

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 MAR 31 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

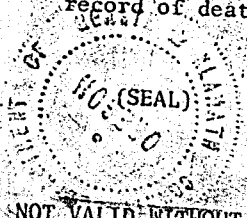
STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 2 day of Sept A.D., 19 82 at 11:19 o'clock A M, and duly recorded in Vol M 82, of Deeds on page. 11602

Fee \$ 4.00

EVELYN BIEHN COUNTY CLERK

by *Joan McQueen* Deputy



SEP 2 11 19