16440

Vital Records Unit

Local File Number(s)

13851

State File Number

DECEASED—NAME: First: James Middle: Harvey Last: Starkey

DATE OF DEATH (month, day, year): 2 September 6, 1982

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

SEX: 4 Male

AGE—Last birthday (years): 5a 38

Under 1 year: months 5b; days

Under 1 day: hours 5c; min.

DATE OF BIRTH (month, day, year): 6 December 25, 1943

CITY, TOWN OR LOCATION OF DEATH: 7a Enterprise

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7b Wallowa Memorial Hosp

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): 7c Inpatient

COUNTY OF DEATH: 7d Wallowa

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

CITIZEN OF WHAT COUNTRY: 9 US

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

SPOUSE (IF MARRIED, WIDOWED): 11 Marjorie

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

SOCIAL SECURITY NUMBER: 13 408-70-7200

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

KIND OF BUSINESS OR INDUSTRY: 14b Lumber

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 3222 Cannon St 97601

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

FATHER—NAME first middle last: 16 Harvey Wilson Starkey

MOTHER—Maiden Name first middle last: 17 Artice Pearl Bands

INFORMANT—NAME and relationship to deceased: 18 O'Hair's Funeral Chapel None

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial

CEMETERY OR CREMATORY—NAME: 19b Klamath Memorial Park

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

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

NAME AND ADDRESS OF FACILITY: 20b Ballman Funeral Home Main at West 3rd Enterprise, Ore 97828

CERTIFICATION OF CAUSE OF DEATH: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

DATE SIGNED (Mo., Day, Yr.): 21b 9-8-82

HOUR OF DEATH: 21c M

21a [Signature] Harley Scholtz MD

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Harley Scholtz MD P.O. Box 430 Enterprise, Oregon 97828

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a September 15, 1982

REGISTRAR: 22b (Signature) James W. Madden

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

PART I (a) Acute Intral Myocardial Infarction — Interval between onset and death: 3 hours

DUE TO, OR AS A CONSEQUENCE OF:

(b) Athero sclerotic Coronary artery disease — Interval between onset and death: 10 years

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).

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 Yes

ACCIDENT (Specify Yes or No): 26a No

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 No

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f

LOCATION: 26g STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

DATE ISSUED: 9-17-82

STATE OF OREGON, COUNTY OF WALLOWA

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE.

COUNTY REGISTRAR

Dorlene E. Quinn

NOT VALID WITHOUT RAISED SEAL OF WALLOWA COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 18 day of Oct A.D., 1982 at 2:51 o'clock P M, and duly recorded in Vol M 82 of Deeds on page 13851.

EVELYN BIEHN COUNTY CLERK

Fee $ 4.00

by Joyce McShirley Deputy