'83 JAN 14 AM 9 48

of Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

CERTIFICATE OF DEATH

Vol. M83 Page 743
82-009640

19381

Vital Records Unit

209
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

01

DECEDENT

DEATH OCCURRED IN INSTITUTION (HANDBOOK REGARDING COMPLETION OF THESE ITEMS)

1 DECEASED—NAME: ORTIS WILBER GOAKEY

DATE OF DEATH: June 5, 1982

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

4 SEX: Male

5a AGE (Last Birthday) (Years): 57

DATE OF BIRTH: June 6, 1924

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

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

7c If Hospital or Institution: (Inpatient or ER/Outpatient or DOA): Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (If married, widowed or divorced): Peggy Goakey

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

13 SOCIAL SECURITY NUMBER: 537 - 14 - 1863

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney / Judge

14b KIND OF BUSINESS OR INDUSTRY: Legal

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 630 Hillside 97601

15e Inside City Limits? (Specify Yes or No): Yes

16 FATHER—NAME (first, middle, last): Edwin Goakey

17 MOTHER—Maiden Name (first, middle, last): Ellen Fritz

18 INFORMANT—NAME and relationship to deceased: Peggy Goakey / Wife

DISPOSITION

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

19b CEMETERY OR CREMATORY NAME: Klamath Memorial Park

19c LOCATION (City or town, State): Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): James K. Kasal

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

2182

3.

CERTIFIER

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]: Blake D. Berven MD

21b DATE SIGNED (Mo. Day, Yr.): 6/7/82

21c HOUR OF DEATH: 8:32 A M

NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601

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

21e

ADDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (STING THE UNDERLYING USE LAST)

22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): JUN 10 1982

22b REGISTRAR (Signature): Claudia Francis

CAUSE OF DEATH

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

PART I (a) Cardiogenic Shock

DUE TO, OR AS A CONSEQUENCE OF

(b) Severe Coronary atherosclerosis

DUE TO, OR AS A CONSEQUENCE OF

(c)

Interval between onset and death: 2 min

4 yrs

PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I)

24 AUTOPSY (Specify Yes or No): No

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

4

5

6

ACCIDENT (Specify Yes or No): 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

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED OCTOBER 8 1982

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 AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 14 day of Jan A.D., 19 83 at 9:48 o'clock A M, and duly recorded in Vol M83, of Deeds on page 743.

EVELYN BIEHN COUNTY CLERK

Fee $ 4.00

by _____ Deputy