CERTIFICATE OF DEATH

ORS — 146

Local File Number 4052

State File Number

1 DECEASED—NAME: Norman (First) C. (Middle) McGourty (Last)					2 DATE OF DEATH (Month, Day, Year): December 7, 1982
3 RACE (White, Black, American Indian, etc.): White	4 SEX: Male	5A AGE—Last Birthday (Years): 64	UNDER 1 YEAR: 5B MOS. / DAYS	UNDER 1 DAY: HOURS / MIN. 5C	6 DATE OF BIRTH (Month, Day, Year): January 3, 1918
7A CITY, TOWN, OR LOCATION OF DEATH: Malin	7B HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.): Star Rt., Box 49	7C IF HOSP. OR INST., INDICATE DOA, ER, INPATIENT, OUTPATIENT (Specify): —			7D COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Montana	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11 SPOUSE (If married, widowed, or divorced): Lois B. McGourty		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 517-09-4968	14A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lava Beds & Butte Valley Conser		14B KIND OF BUSINESS OR INDUSTRY: Soil Conservation		
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Malin	15D STREET AND NUMBER OR R.F.D.: Star Rt., Box 49		15E INSIDE CITY LIMITS (Specify Yes or No): No
16 FATHER—NAME First Middle Last: William Charles McGourty	17 MOTHER—MAIDEN NAME First Middle Last: Velma Johns		18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Lois B. McCourty, Wife		
19A BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation	19B CEMETERY OR CREMATORY—NAME: Klamath Cremation Service		19C LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon		
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Mike Allen	20B NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Oreg				

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (Hour): 6:30 A. M.	21B THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour): December 7, 1982 7:15 A. M.	21C FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21D CERTIFIER SIGNATURE: George R. Nicholson	21E NAME (Type or Print): George R. Nicholson M.D.	DEGREE OR TITLE
21F MEDICAL EXAMINER FOR: Klamath COUNTY	21G DATE SIGNED (Month, Day, Year):	

22A DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 13 1982	22B REGISTRAR (SIGNATURE): Marian Ackerman

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

PART I

(a) Cerebral destruction — DUE TO, OR AS A CONSEQUENCE OF:

(b) Contact G.S.W. rightside of head — DUE TO, OR AS A CONSEQUENCE OF:

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Inst

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (Specify Yes or No): No

25A DATE OF INJURY (Month, Day, Year): 12-7-82	25B HOUR: 6:30 A.M.	25C HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Single 22 Cal. gunshot wound to rightside of head
25D INJ. AT WORK (Specify Yes or No): No	25E PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) (Specify): Residence	25F LOCATION (Street or R.F.D. No., City or Town, County, State): Star Rt., Box 49, Malin, Klamath, Oregon

RESERVED FOR REGISTRAR'S USE

MS-107 REV. 1-80

ORIGINAL—VITAL STATISTICS COPY

Return to: Jim Medlin 1763 Washburn Way Klamath Falls, Oregon 97601

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 Marian Ackerman Deputy Registrar

Date

VOID IF ALTERED

(SEAL)

2-8-83-

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 8th day of Februarv A.D., 19 83 at 1:54 o'clock P M and duly recorded in Vol M83, of Deeds on page 1993

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce McKinney Deputy