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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS – 146

120 (Local File Number) (State File Number)

1 DECEASED—NAME	FIRST: LLOYD	MIDDLE: HERMAN	LAST: RYSER	2 DATE OF DEATH (MONTH, DAY, YEAR)	April 17, 1983
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	White	4 SEX	Male	5A AGE—LAST BIRTHDAY (YEARS)	65
5B UNDER 1 YEAR: MOS. / DAYS	5C UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR)	January 12, 1918		
7A CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.)	2224 Main St.	7C IF HOSP. OR INST., INDICATE DOA (EMR, OPD, INPATIENT) (SPECIFY)	7D COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	North Dakota	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Ruth Ryser	12 WAS DECEDENT A VET IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	Yes		
13 SOCIAL SECURITY NUMBER	543-03-4077	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Postal Clerk - Retired	14B KIND OF BUSINESS OR INDUSTRY	U.S. Postal Service
15A RESIDENCE—STATE	Oregon	15B COUNTY	Klamath	15C CITY, TOWN, OR LOCATION	Klamath Falls
15D STREET AND NUMBER OR R.F.D.	2224 Main St.	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes		
16 FATHER—NAME FIRST MIDDLE LAST	Herman Ryser	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST	Alma M. Halvorsen	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Michael Ryser - Son
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	Jim Lancaster	20B NAME AND ADDRESS OF FACILITY	Ward's - 1945 Main St. - Klamath Falls, Oregon		

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)	4:00 P.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)	April 17, 1983 4:00 P.M.	21C FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
21D CERTIFIER—SIGNATURE	George R. Nicholson	21E NAME—(TYPE OR PRINT)	George R. Nicholson, MD	DEGREE OR TITLE	
21F MEDICAL EXAMINER FOR: COUNTY	KLAMATH	21G DATE SIGNED (MONTH, DAY, YEAR)	APR 28 1983		
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	APR 28 1983	22B REGISTRAR (SIGNATURE)	Glenda Francis		

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.))

PART I
(a) Massive CNS destruction — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(b) Gunshot wound (contact) upperneck - course upward into brain — INTERVAL BETWEEN ONSET AND DEATH
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

25A DATE OF INJURY (MONTH, DAY, YEAR)	April 17, 1983	25B HOUR	4:00 PM
25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	Self - inflicted gunshot woung to throat		
25D INJ. AT WORK (SPECIFY YES OR NO)	No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	At Home
25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	2224 Main St. / Klamath Falls, Klamath Oregon		

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL—VITAL STATISTICS COPY

Ruth Ryser
2224 Main
K. Falls.

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 _____, Deputy Registrar
Date APR 29 1983
VOID IF ALTERED

(SEAL)

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

4.00 cash

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 29th day of April A.D.,19 83 at 11:01 o'clock A M and duly recorded in Vol M83, of Deeds on page 6606

EVELYN BIEHN COUNTY CLERK
by Bernetha A. Lebeck Deputy

FEE $4.00