

STATE OF OREGON
DEPARTMENT OF HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

Vol. 73 Page 6606

120

Local File Number

State File Number

DECEASED—NAME		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
LLOYD		HERMAN		RYSER				April 17, 1983	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY	
White		Male		65		MO. DAYS		HOURS MIN.	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION		IF HOSP. OR INST. IN-CHARGE, GIVE STREET & NO.		IF HOSP. OR INST. IN-CHARGE, INPATIENT (SPECIFY)		DATE OF BIRTH (MONTH, DAY, YEAR)	
Klamath Falls		2224 Main St.						January 12, 1918	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT A MEMBER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	
North Dakota		U.S.A.		Married		Ruth Ryser		Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
543-03-4077		Postal Clerk - Retired		U.S. Postal Service					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
Oregon		Klamath		Klamath Falls		2224 Main St.		Yes	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INFORMANT—NAME AND RELATIONSHIP TO DECEASED					
Herman Ryser		Alma M. Halvorsen		Michael Ryser - Son					
BURIAL, CREMATION, REMOVAL, MAUS., (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION—CITY OR TOWN		STATE			
Burial		Klamath Memorial Park		Klamath Falls, Oregon					
UNIVERSAL SERVICE LICENSE OR PERSON ACTING AS SUCH—SIGNATURE		NAME AND ADDRESS OF FACILITY							
Jim Lancaster		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:									
DEATH OCCURRED (MONTH, DAY, YEAR)		THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)		FROM:					
4:00 P. M. April 17, 1983		4:00 P. M.		NATURAL CAUSES ☐		ACCIDENT ☐		SUICIDE ☒	
CERTIFIER—SIGNATURE		NAME—(TYPE OR PRINT)		HOMICIDE ☐		UNDETERMINED ☐		PENDING ☐	
George R. Nicholson, MD									
MEDICAL EXAMINER FOR: COUNTY		DATE SIGNED (MONTH, DAY, YEAR)							
KLAMATH		APR 28 1983							
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR							
APR 28 1983		(SIGNATURE) ▶							
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))									
(A) <u>Meningeal CNS destruction</u>									
(B) <u>Gunshot wound (contact) upward - course upward into brain</u>									
(C) <u></u>									
OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)									
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)					
April 17, 1983		4:00 PM		Self - inflicted gunshot wound to throat					
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)					
No		At Home		2224 Main St. / Klamath Falls, Klamath Oregon					
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

HS-107 REV. 1-69

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 George R. Nicholson, Deputy Registrar
Date APR 29 1983

VOID IF ALTERED

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

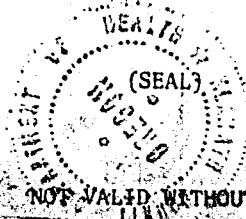
STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 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

FEE \$4.00

EVELYN BIEHN COUNTY CLERK

by Bernetha S. Delich Deputy



Handwritten notes:
K. Falls.
2224 Main
Ruth Ryser
400 cat