STATE OF SOUTH DAKOTA
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Vol 140 1983 Page 6795

23075 24094
LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT - NAME (FIRST, MIDDLE, LAST): Myron Murray
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): June 1, 1982
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. — SPECIFY): White
5a. AGE — LAST BIRTHDAY (YEARS): 67
5b. UNDER 1 YEAR — MOS. / DAYS
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Nov. 20, 1914
7a. COUNTY OF DEATH: Pennington
7b. CITY, TOWN, OR LOCATION OF DEATH: Rapid City, So. Dak.
7c. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Rapid City Regional Hospital (main)
7d. IF HOSP OR INST indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): South Dakota
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Christine Janssen
12. SOCIAL SECURITY NUMBER: 539-09-7989
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Carpenter
13b. KIND OF BUSINESS OR INDUSTRY: Building
14a. RESIDENCE — STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION AND ZIP CODE: Klamath Falls 97601
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 1309 Sargent Street
ZIP

PARENTS

15. FATHER — NAME (FIRST, MIDDLE, LAST): John Murray
16. MOTHER — MAIDEN NAME (FIRST, MIDDLE, LAST): Mary Cunningham

17a. INFORMANT — NAME: Christine Murray
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1309 Sargent, Klamath Falls, Oregon 97601
17c. WAS DECEASED A VETERAN: No

CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) Cardiogenic Shock — minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute myocardial infarction — minutes
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(c)

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: pacemaker
19a. AUTOPSY (YES OR NO): No
19b. WAS CASE REFERRED TO CORONER? (Specify Yes or No): No

History of organic heart disease with previous infarction &

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR OF INJURY
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (County, City or Town, State)

CERTIFIER

To be Completed by PHYSICIAN Only:
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title) Kurt A. Engelbrecht
21b. DATE SIGNED (Mo., Day, Yr.): 6/16/82
21c. HOUR OF DEATH: 3:45 A.M.

To be Completed by CORONER Only:
22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title)
22b. DATE SIGNED (Mo., Day, Yr.)
22c. HOUR OF DEATH

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): James A. Engelbrecht, M.D. 2800 Jackson Blvd - Rapid City SD.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal/Burial
24b. CEMETERY OR CREMATORY — NAME: Eternal Hills Cemetery
24c. LOCATION (CITY OR TOWN, STATE): Klamath Falls, Oregon
24d. DATE (MONTH, DAY, YEAR): June 2 1982
25a. FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Behrens Mortuary, 632 St. Francis-Box 1055, Rapid City, SD 57709
25b. FUNERAL DIRECTOR — SIGNATURE: George A. Behrens
REGISTRAR — SIGNATURE: Lorraine Heddlen By Marlys Faber, Deputy
26. DATE RECEIVED BY LOCAL REGISTRAR: June 18, 1982

F.D. NUMBER

HAS-0276 REV. JAN, 1978

6796

CERTIFIED COPY

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF INFORMATION APPEARING ON A RECORD FILED IN THE OFFICE OF REGISTER OF DEEDS, PENNINGTON COUNTY, SOUTH DAKOTA.

DATE ISSUED June 30, 1982

Lorraine Hedlund

REGISTER OF DEEDS

BY Marlys Faber DEPUTY

STATE OF OREGON,)
County of Klamath)

Filed for record at request of

On this 3 day of May A.D. 19 83

at 8:48 o'clock A M, and duly recorded in Vol. M83 of Deeds page 6795

EVELYN BIEHN, County Clerk

By Lois Lewis Deputy

Fee 8.00