State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

10326

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 19179

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

385
Local File Number

State File Number

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED—NAME: First KERMIT; Middle MELVIN; Last ERWIN

2 DATE OF DEATH (month, day, year): October 20, 1983

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

4 SEX: Male

5a AGE—Last birthday (years): 68

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): October 24, 1914

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 HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Antoinette

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

13 SOCIAL SECURITY NUMBER: 269-10-3782

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mail Carrier - 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., ZIP: 2047 Lakeshore Dr. 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Burt Erwin

17 MOTHER—Maiden Name first middle last: Eunice Dieffenbach

18 INFORMANT—NAME and relationship to deceased: Antoinette Erwin - Wife

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Jim Loucaides

20b NAME AND ADDRESS OF FACILITY: Ward's - 1945 Main St. - Klamath Falls, Ore. 976

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]: Everett E. Howard

21b DATE SIGNED [Mo., Day, Yr.]: 10/21/83

21c HOUR OF DEATH: 2:45 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Everett E. Howard, MD 2622 Campus Dr. Klamath Falls, Ore.

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: OCT 25 1983

22b REGISTRAR [Signature]: Marian E Ackerman

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 PART I — IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) MYOCARDIAL INFARCTION — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) ASHD & CHRONIC ATRIAL FIBRILLATION — 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)

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No				No	No

26g INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

21-2 (11/8

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 E Ackerman, Deputy Registrar

Date VOID IF ALTERED OCT 26 1983

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

(SEAL)

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 November A.D., 1983 at 10:25 o'clock A M, and duly recorded in Vol M83, of Deeds on page 19179.

EVELYN BIEHN, COUNTY CLERK

by Ann Smith, deputy

Fee $ 4.00

'83 NOV 8 AM 10 25

CK 4.00