31234

428

Local File Number

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

CERTIFICATE OF DEATH

ORS – 146

Vol. M83 Page 20723

State File Number

1 DECEASED—NAME (FIRST) FRED	(MIDDLE) ANDREW	(LAST) KEEHR	2 DATE OF DEATH (MONTH, DAY, YEAR) November 26, 1983
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) White	4 SEX Male	5A AGE—LAST BIRTHDAY (YEARS) 69	5B UNDER 1 YEAR (MOS. / DAYS) 5C UNDER 1 DAY (HOURS / MIN.)	6 DATE OF BIRTH (MONTH, DAY, YEAR) May 29, 1906
7A CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Merle West Medical Center	7C IF HOSP. OR INST. INDICATE DOA, OPD/EMER, RM., INPATIENT (SPECIFY) D.O.A.	7D COUNTY OF DEATH Klamath
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Minnesota	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11 SPOUSE (IF MARRIED, WIDOWED) Lucille C. Keehr	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No
13 SOCIAL SECURITY NUMBER 544-07-4225	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Shipping Clerk	14B KIND OF BUSINESS OR INDUSTRY Lumber	
15A RESIDENCE—STATE Oregon	15B COUNTY Klamath	15C CITY, TOWN, OR LOCATION Klamath Falls	15D STREET AND NUMBER OR R.F.D. 1957 Logan St.	15E INSIDE CITY LIMITS (SPECIFY YES OR NO) No
16 FATHER—NAME FIRST MIDDLE LAST Albert - Keehr	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Eda - Kowitz	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED Lucille C. Keehr, Wife	
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial	19B CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	19C LOCATION—CITY OR TOWN, STATE Klamath Falls, Oregon	
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE [signature]	20B NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.		

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) 10:24 A.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) Nov. 26, 1983 10:24 A.M.	21C FROM: NATURAL CAUSES [XX] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]	
21D CERTIFIER—SIGNATURE Robert E. Jamison M.D.	21E NAME—(TYPE OR PRINT) Robert E. Jamison, M.D. DEGREE OR TITLE		
21F MEDICAL EXAMINER FOR: Klamath COUNTY	21G DATE SIGNED (MONTH, DAY, YEAR) November 30, 1983		
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) NOV 30 1983	22B REGISTRAR (SIGNATURE) [signature]		

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

PART I

(A) Massive Chronic Pulmonary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: indeterminant

DUE TO, OR AS A CONSEQUENCE OF:

(B) — INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(C)

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Moderate to Severe Pulmonary emphysema. — 24 AUTOPSY (SPECIFY YES OR NO): Yes

25A DATE OF INJURY (MONTH, DAY, YEAR)	25B HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
25D INJ. AT WORK (SPECIFY YES OR NO)	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

RESERVED FOR REGISTRAR'S USE

MS-107 REV. 1-80

ORIGINAL—VITAL STATISTICS COPY

'83 DEC 5 PM 1 22

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar

Date NOV 30 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 5th day of December A.D., 19 83 at 1:22 o'clock P M, and duly recorded in Vol M83, of Deeds on page 20723.

EVELYN BIEHN, COUNTY CLERK

Fee $ 4.00

by [signature] deputy