Oregon
STATE HEALTH DIVISION
Department of Human Resources

31748

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 21673

462
Local File Number

State File Number

1 DECEASED—NAME (First) HOWARD	(Middle) FREDERICK	(Last) SEARLE		2 DATE OF DEATH (month, day, year) December 14, 1983	
3 RACE (White, Black, American Indian, etc. (specify)) White	4 SEX Male	5a AGE—Last birthday (years) 66	5b Under 1 year (mos. / days)	5c Under 1 day (hours / min.)	6 DATE OF BIRTH (month, day, year) February 14, 1917
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Highland Care 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) North Dakota	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Violet Searle		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
13 SOCIAL SECURITY NUMBER 502-05-7859	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Meter Reader		14b KIND OF BUSINESS OR INDUSTRY Utility		
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Keno	15d STREET AND NUMBER OR R.F.D., ZIP 97627 P.O. Box 250 ✓		15e Inside City Limits (specify yes or no) Yes
16 FATHER—NAME first middle last Louis Charles Searle	17 MOTHER—Maiden Name first middle last Bedelia - O'Laughlin		18 INFORMANT—NAME and relationship to deceased Violet Searle, Wife ✓		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Mt. Calvary Cemetery		19c LOCATION city or town / state Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]	20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or				

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] [illegible]

21b DATE SIGNED (Mo., Day, Yr.) Dec 15 83

21c HOUR OF DEATH 11:45 A. M

NAME AND ADDRESS OF CERTIFIER (Type or Print)

21d Raymond Tice, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 16 1983

22b REGISTRAR [Signature] Marian E Ackerman

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

PART I (a) Sudden Death (Due to/from or N.I.) — Interval between onset and death: Minutes

(b) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma Bladder Heart Disease — Interval between onset and death: Years

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Parkinsons Disease; COPD

24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No	No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e 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

HS-2 (Rev. 1/80)

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.

Cash 4.00

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E Ackerman, Deputy Registrar

Date DEC 16 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 20th day of December A.D., 19 83 at 11:55 o'clock A M, and duly recorded in Vol M83, of Deeds on page 21673.

EVELYN BIEHN, COUNTY CLERK

Fee $ 4.00

by Pam Smith deputy