

31826

CERTIFICATE OF DEATH

Vol. M83 Page 21936

Vital Records Unit

TYPE
PRINT
IN
INSTRUMENT
ACK
OR
INSTRUCTIONS
SEE
BOOK

Local File Number

State File Number

DECEASED—NAME First Middle Last Eugene T. NARRAMORE		DATE OF DEATH (month, day, year) 2 December 19, 1983	
1 RACE White, Black, American Indian, etc. (specify) 3 White	4 SEX Male	5a AGE—Last birthday (years) 59	5b Under 1 year Under 1 day 5c hours min.
6 CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) W St Medical Center	
7c IF HOSP. OR INST. Indicate DOA, OP/Emor., Rm., Inpatient (Specify) Inpatient		7d COUNTY OF DEATH Klamath	
8 STATE OF BIRTH (If not in U.S.A., name country) Washington	9 CITIZEN OF WHAT COUNTRY U. S. A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Marjorie
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes		13 SOCIAL SECURITY NUMBER 544-20-5161	
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Conductor		14b KIND OF BUSINESS OR INDUSTRY Southern Pacific Railroad	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 3206 Raymond 97603
15e Inside City Limits (specify yes or no) No		16 FATHER—NAME first middle last Gillis - Narramore	
17 MOTHER—Maiden Name first middle last Esther - Manwell		18 INFORMANT—NAME and relationship to deceased Marjorie H. Narramore, 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 97603		20a FUNERAL SERVICE LICENSEE Or Person Acting As Such William F. Davenport	
20b NAME AND ADDRESS OF FACILITY 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 12-20-83	
21b DATE SIGNED (Mo., Day, Yr.) 12-20-83		21c HOUR OF DEATH 9:45 P. M.	
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 21 1983		22b REGISTRAR Marian Ackerman	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) <u>Cerebral Hemorrhage</u>		Interval between onset and death 2 hrs	
(b) <u>Thrombocytopenia</u>		Interval between onset and death 3 months	
(c) <u>Lymphoma Sarcoma</u>		Interval between onset and death 1 1/2 yrs	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
24 ACCIDENT (Specify Yes or No) No		25 AUTOPSY (Specify Yes or No) No	
26a INJURY AT WORK (Specify Yes or No) No		26b DATE OF INJURY (Mo., Day, Yr.) 26c HOUR OF INJURY M 26d DESCRIBE HOW INJURY OCCURRED	
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE			

21-2 (11/81)

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 Ackerman, Deputy Registrar

Date DEC 21 1983

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT 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 22nd day of December A.D., 1983 at 1:44 o'clock P. M. and duly recorded in Vol M83, of Deeds on page 21936.

Evelyn Biehn, COUNTY CLERK

Fee \$ 4.00

by Deputy