

32959

CERTIFICATE OF DEATH

Vol. 1484

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Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

20
Local File Number

State File Number

DECEASED—NAME First Middle Last DOUGLAS D. SMELCER			DATE OF DEATH (month, day, year) 2 January 19, 1984		
1 RACE White, Black, American Indian, etc. (Specify) 3 White			2 SEX 4 Male		
3 AGE—Last birthday (years) 5a 77			Under 1 year 5b months days 5c hours min		
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Merle West Medical Cen		
STATE OF BIRTH (If not in U.S., name country) 8 California			CITIZEN OF WHAT COUNTRY 9 U.S.A.		
SOCIAL SECURITY NUMBER 13 541-10-8151			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married		
RESIDENCE—STATE 15a Oregon			SPOUSE (If MARRIED, WIDOWED, etc.) 11 Freda A. Smelcer		
COUNTY 15b Klamath			KIND OF BUSINESS OR INDUSTRY 12 No		
CITY, TOWN, OR LOCATION 15c Bonanza			STREET AND NUMBER OR R.F.D., ZIP 14b Calif. Oregon Water Company		
FATHER—NAME first middle last 16 Peter J. Smelcer			MOTHER—Maiden Name first middle last 17 Anna Marie Walker		
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) 19a Cremation			CEMETERY OR CREMATORY—NAME 19b Klamath Cremation Service		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a <i>Merle Reid</i>			NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Dr. Richard F. Kay 1905 Main Street, Klamath Falls, Oregon 97601			DATE SIGNED (Mo., Day, Yr.) 21b 1/23/84		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JAN 23 1984			REGISTRAR 22b (Signature) <i>J. Ackerman</i>		
23 IMMEDIATE CAUSE PART I (a) <i>cardiorespiratory arrest</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>left myocardial infarction</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>acute lateral myocardial infarction</i>			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <i>acute lateral myocardial infarction</i>			AUTOPSY (Specify Yes or No) 24 Yes		
ACCIDENT (Specify Yes or No) 26a			DATE OF INJURY (Mo., Day, Yr.) 26b		
HOUR OF INJURY 26c			DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e			LOCATION 26f		
STREET OR R.F.D. NO 26g			CITY OR TOWN 26h		
STATE 26i			ZIP 26j		

DECEDENT

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

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

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

J. Ackerman, Deputy Registrar
Date JAN 23 1984

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 26th day of January A.D., 1984 at 2:11 o'clock P.M. and duly recorded in Vol 1484, of Deeds, on page 1438.

EVERLYN BIEHN, COUNTY CLERK

Fee \$ 4.00

by *J. Ackerman* Deputy