State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

KCTC

34395

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M84 Page 4039

Local File Number

State File Number

DECEDENT

Field	Entry
DECEASED—NAME (1) First / Middle / Last	CLOVIS M. STORY
DATE OF DEATH (month, day, year) (2)	November 16, 1983
RACE White, Black, American Indian, etc. (specify) (3)	White
SEX (4)	Male
AGE—Last birthday (years) (5a)	64
Under 1 year mos. days (5b)	
Under 1 day hours min. (5c)	
DATE OF BIRTH (month, day, year) (6)	December 4, 1918
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 Center
IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) (7c)	D.O.A.
COUNTY OF DEATH (7d)	Klamath
STATE OF BIRTH (If not in U.S.A. name country) (8)	Texas
CITIZEN OF WHAT COUNTRY (9)	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10)	Married
SPOUSE (IF MARRIED, WIDOWED) (11)	Christina Story
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (12)	Yes
SOCIAL SECURITY NUMBER (13)	442-14-5718
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (14a)	Farmer
KIND OF BUSINESS OR INDUSTRY (14b)	Farming
RESIDENCE—STATE (15a)	Oregon
COUNTY (15b)	Klamath
CITY, TOWN, OR LOCATION (15c)	Merrill
STREET AND NUMBER OR R.F.D., ZIP (15d)	HC 62, Box 14, Malone Rd 97633
Inside City Limits (specify yes or no) (15e)	No
FATHER—NAME first middle last (16)	William Bruce Story
MOTHER—Maiden Name first middle last (17)	Monta - Walker
INFORMANT—NAME and relationship to deceased (18)	Christina Story

DISPOSITION

Field	Entry
BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a)	Burial
CEMETERY OR CREMATORY—NAME (19b)	Merrill I.O.O.F. Cemetery
LOCATION city or town, state (19c)	Merrill, Oregon
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) (20a)	[signature]
NAME AND ADDRESS OF FACILITY (20b)	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,

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

Field	Entry
(Signature) (21a)	Karl Vidricksen
DATE SIGNED (Mo. Day. Yr.) (21b)	11-22-83
HOUR OF DEATH (21c)	6:00 P.M
NAME AND ADDRESS OF CERTIFIER (Type or Print) (21d)	Karl Vidricksen, M.D., 692 Main St., Tulelake, California 96134
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) (21e)	
DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.) (22a)	NOV 22 1983
REGISTRAR (Signature) (22b)	Katherine E. Arnett

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) Acute myocardial infarction — Interval between onset and death: instant

DUE TO, OR AS A CONSEQUENCE OF:

(b) — 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)

4. ______
5. ______
6. ______

Field	Entry
ACCIDENT (Specify Yes or No) (26a)	
DATE OF INJURY (Mo. Day. Yr.) (26b)	
HOUR OF INJURY (26c)	M
AUTOPSY (Specify Yes or No) (24)	No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) (25)	Yes
INJURY AT WORK (Specify Yes or No) (26e)	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) (26f)	
DESCRIBE HOW INJURY OCCURRED (26d)	
LOCATION Street or R.F.D. No., City or Town, State (26g)	

RESERVED FOR REGISTRAR'S USE

'84 MAR 13 PM 12 58

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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 Katherine E. Arnett Deputy Registrar

Date

VOID IF ALTERED NOV 22 1983

(SEAL)

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

Return to: James E. McCobb, P.O. Box 5050, Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 13th day of March A.D., 19 84 at 12:58 o'clock PM. and duly recorded in Vol M84, of Deeds on page 4039.

Fee: $4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy