

Vital Records Unit

Local File Number 30		State File Number	
DECEASED—NAME First: CLYDE Middle: RODNEY Last: GARRETT		DATE OF DEATH (month, day, year) January 24, 1984	
1 RACE White, Black, American Indian, etc. (specify) White		2 SEX Male	
3 AGE—Last birthday (years) 61		4 Under 1 year mos days 61	
5 Under 1 day hours min 61		6 DATE OF BIRTH (month, day, year) November 22, 1922	
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical 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) Oregon		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Sarah	
12 SOCIAL SECURITY NUMBER 540 - 20 - 9980		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Superintendent - Ret.	
14a KIND OF BUSINESS OR INDUSTRY Lumber Mill		15a FATHER—NAME first middle last Rodney J. Garrett	
15b MOTHER—Maiden Name first middle last Clarice Olk		16 INFORMATION—NAME and relationship to deceased Sarah Garrett - Wife	
17 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		18 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
19a LOCATION city or town state Klamath Falls, Oregon		19b FURNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) James K. Bidleman	
20a NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97603		20b To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Oregon	
21a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 27 1984		21b REGISTRAR (Signature) Jacqueline E. Ackerman	
22a IMMEDIATE CAUSE Ventricular fibrillation		22b ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) Myocardial Infarction	
23a DUE TO, OR AS A CONSEQUENCE OF: Coronary Atherosclerosis		23b Interval between onset and death 15 minutes	
24a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) No		24b ALTOPSY (Specify Yes or No) No	
25a ACCIDENT (Specify Yes or No) No		25b DATE OF INJURY (Mo., Day, Yr.) No	
26a INJURY AT WORK (Specify Yes or No) No		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	
26c HOUR OF INJURY No		26d DESCRIBE HOW INJURY OCCURRED No	
26e INJURY AT WORK (Specify Yes or No) No		26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	
26g LOCATION No		26h STREET OR R.F.D. NO. No	
26i CITY OR TOWN No		26j STATE No	
RESERVED FOR REGISTRAR'S USE			

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 Jacqueline E. Ackerman, Deputy Registrar

Date FEB 3 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 22nd day of March A.D., 1984 at 2:25 o'clock P.M. and duly recorded in Vol M84, of Deeds on page 4654.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 4.00

by: Pamela Smith, Deputy

Return: Sarah Garrett 5640 Jennifer Lane Klamath Falls, Oregon 97603