

OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

## CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last LEO — RITCHIE		State File Number	
1 RACE White, Black, American Indian, etc. (Specify)		2 DATE OF DEATH (month, day, year) March 16, 1984	
3 SEX Male	4 AGE—Last birthday (years) 66	5 DATE OF BIRTH (month, day, year) February 14, 1918	
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 1624 Etna St. (Residence)	
8 STATE OF BIRTH (If not in U.S.A.) Oklahoma	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Hazel Mae Ritchie
12 SOCIAL SECURITY NUMBER 447-01-3233	13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Bake Oven Operator	14 KIND OF BUSINESS OR INDUSTRY Lumber	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 1624 Etna St. 97603
16 FATHER—NAME first middle last Herbert Luther Ritchie		17 MOTHER—NAME first middle last (Maiden Name) Della — Brandon	
18 BURIAL, CREMATION, REMOVAL, MAUSOLEUM, (Specify) Burial		19 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
20a FUNERAL SERVICE LICENSEE (If person Acting As Such) (Signature) <i>Blake Berven</i>		20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, M.D., 2616 Clover St., Klamath Falls, Oregon 97601		21b DATE SIGNED (Mo., Day, Yr.) 03-16-84	
21c HOUR OF DEATH 4:00 A.		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 19 1984		22b REGISTRAR (Signature) <i>Arthur E. Smith</i>	
PART I (a) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Acute myocardial infarction		Interval between onset and death Sudden	
(b) DUE TO, OR AS A CONSEQUENCE OF: Recent infection		Interval between onset and death 10 days	
(c) DUE TO, OR AS A CONSEQUENCE OF: ASHD		Interval between onset and death 20 yrs	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	
24 ACCIDENT (Specify Yes or No)		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
26a INJURY AT WORK (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26f LOCATION	26g STREET OR R.F.D. NO.	26h CITY OR TOWN
26i STATE			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 *Arthur E. Smith*, Deputy Registrar  
Date MAR 19 1984  
VOID IF ALTERED

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

Return to Hazel M. Ritchie-1624 Etna, Klamath Falls, Oregon

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 March A.D., 19 84 at 2:02 o'clock P.M. and duly recorded in Vol M84, of Deeds on page 4794.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 4.00

by: *Pam Smith*, Deputy