

35446

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. m84 Page 5977

108

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 <u>WILLIAM</u>		<u>JOHN</u>	<u>PARKIN</u>	2 <u>March 24, 1984</u>		
RACE White, Black, American Indian, etc. (Specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 <u>White</u>		4 <u>Male</u>	5a <u>66</u>	5b	5c	6 <u>November 17, 1917</u>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP OR INST indicate DOA, CP, Emer, Rtn, Inpatient (Specify)		COUNTY OF DEATH
7a <u>Sprague River</u>		7b <u>6.5 mi. East on Drews Road</u>				7c <u>Klamath</u>
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 <u>Canada</u>		9 <u>U.S.A.</u>		10 <u>Married</u>		11 <u>Canadian</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (If married, widowed)		KIND OF BUSINESS OR INDUSTRY
13 <u>553-50-3802</u>		14a <u>Cabinet Maker</u>		11 <u>Kathleen</u>		14b <u>Furniture Manufacturing</u>
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		15e <u>No</u>
15a <u>Oregon</u>		15b <u>Klamath</u>	15c <u>Sprague River</u>	15d <u>P.O. Box 315</u>		
FATHER—NAME first middle last		MOTHER—first middle last	INFORMANT—NAME and relationship to deceased			
16 <u>Richard</u>		17 <u>Geraldine</u>	18 <u>Kathleen Parkin— wife</u>			
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a <u>Burial</u>		19b <u>Eternal Hills Memorial Gardens</u>		19c <u>Klamath Falls, Oregon</u>		
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo. Day, Yr)		HOUR OF DEATH
20a <u>[Signature]</u>		20b <u>6420 South Sixth Street, Klamath Falls, Oregon 97603</u>		21a <u>3/27/84</u>		21c <u>Approx 4:15PM</u>
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
21d <u>Dave Seeley, MD 905 Main Street, Klamath Falls, Oregon 97601</u>						
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr)		REGISTRAR				
22a <u>MAR 28 1984</u>		22b <u>[Signature] Marian Ackerman</u>				
PART I IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death		
(a) <u>Myocardial infarction</u>				<u>Immediate</u>		
(b) <u>Coronary Heart Disease</u>				<u>1 yr.</u>		
(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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23 <u>No</u>		24 <u>No</u>		25 <u>Yes</u>		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a <u>No</u>		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		
26e <u>No</u>		26f		26g		
		STREET OR R.F.D. NO		CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

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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 Marian Ackerman, Deputy Registrar

Date MAR 28 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 11th day of April A.D., 19 84 at 2:01 o'clock P.M., and duly recorded in Vol. m84, of Deeds on page 5977.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: [Signature], Deputy

Return: Kathleen Parkin P. O. Box 315 Sprague River, Ore 97639