35599

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

CERTIFICATE OF DEATH

129 Local File Number

State File Number

1 DECEASED—NAME: First NORMAN; Middle WILLIAM; Last MOTY

2 DATE OF DEATH (month, day, year): April 7, 1984

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 66

5b Under 1 year (mos. / days)

5c Under 1 day (hours / min.)

6 DATE OF BIRTH (month, day, year): February 27, 1918

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Nursing Home

7c If HOSP OR INST indicate DOA (Dead on arr., Emer. Rm., Inpatient) [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): New Mexico

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (If MARRIED, WIDOWED): Margaret

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 541 - 09 - 9468

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Self Employed - Retired

14b KIND OF BUSINESS OR INDUSTRY: Auto Supply Retail Store

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2325 Van Camp 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER NAME first middle last: Kasper Marion Moty

17 MOTHER first middle last (Maiden Name): Marie T. Faast

18 INFORMANT NAME and relationship to deceased: Margaret Moty - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 9760

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

21a [Signature]: Norman F. Blinstrub MD

21b DATE SIGNED (Mo., Day, Yr.): April 8, 1984

21c HOUR OF DEATH: 7:24 P M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Norman F. Blinstrub, MD / 1000 Pine St / Klamath Falls, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): APR 11 1984

22b REGISTRAR [Signature]: Katherine E Cravenko

23 IMMEDIATE CAUSE — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Cardiac and respir tory arrest — Interval between onset and death: Sec. to min.
DUE TO, OR AS A CONSEQUENCE OF
(b) Cachexia - Secondary CA of left neck — Interval between onset and death: 5 Months
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 on PART I (a))

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo. Day. Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY occurred:

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26e INJURY AT WORK (Specify Yes or No):

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E Cravenko Deputy Registrar

Date APR 11 1984

VOID IF ALTERED

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

'84 APR 16 PM 12 01

Return to: Bob Puckett, 280 Main, Klamath Falls, Orggon

Cash 4.00

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 16th day of April A.D., 19 84 at 12:01 o'clock P M, and duly recorded in Vol M84, of Deeds on page 6247.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith, Deputy