of Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

36221

# CERTIFICATE OF DEATH

Vital Records Unit

Vol. M84 Page 7370

304
Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DEATH OCCURRED IN INSTITUTION HANDBOOK GARDING PLETION OF NCE ITEMS

POSITION

CERTIFIER

NDITIONS IF ANY CH GAVE ISE TO MEDIATE CAUSE TING THE DERLYING USE LAST

SE OF ATH

| | First | Middle | Last | State File Number |
|---|---|---|---|---|
| 1 DECEASED—NAME | ORRIN | ARTHUR | KITCHIN | |

| | | | | |
|---|---|---|---|---|
| 3 RACE White, Black, American Indian, etc. (specify) White | 4 SEX Male | 5a AGE—Last birthday (years) 74 | Under 1 year: 5b mos / days | Under 1 day: 5c hours / min | 2 DATE OF DEATH (month, day, year) July 27, 1981 |
| 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 | | | 6 DATE OF BIRTH (month, day, year) May 24, 1907 |
| 8 STATE OF BIRTH (If not in U.S.A., name country) Washington | 9 CITIZEN OF WHAT COUNTRY U.S.A. | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed | 11 SPOUSE (IF MARRIED, WIDOWED) – | | 7d COUNTY OF DEATH Klamath |
| 13 SOCIAL SECURITY NUMBER 540-03-7341 | 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Mechanic | | 14b KIND OF BUSINESS OR INDUSTRY Tractor & Equipment | | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] Yes |
| 15a RESIDENCE—STATE Oregon | 15b COUNTY Klamath | 15c CITY, TOWN, OR LOCATION Klamath Falls | 15d STREET AND NUMBER OR R.F.D., ZIP 5725 Denver Ave. 97601 | | 15e Inside City Limits (specify yes or no) No |
| 16 FATHER—NAME first middle last Charles W. Kitchin | 17 MOTHER—Maiden Name first middle last Elizabeth Stone | | 18 INFORMANT—NAME and relationship to deceased Patricia Reed (Niece) | | |
| 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial | 19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens | | 19c LOCATION city or town, state Klamath Falls, Oregon | | |
| 20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] Jim Lancaster | 20b NAME AND ADDRESS OF FACILITY Ward's 1945 Main St./Klamath Falls, Ore. 97601 | | | | |

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] Blake Berven

NAME AND ADDRESS OF CERTIFIER [Type or Print] Blake Berven, M.D. 2616 Clover Ave. Klamath Falls, Ore.

21b DATE SIGNED [Mo., Day, Yr.] July 31, 1981

21c HOUR OF DEATH 2:25P. M

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] JUL 31 1981

22b REGISTRAR [Signature] Marian Ackerman

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

PART I (a) Respiratory Failure — Interval between onset and death: 10 min

(b) DUE TO, OR AS A CONSEQUENCE OF: Aspiration Pneumonitis — Interval between onset and death: 10 min

(c) DUE TO, OR AS A CONSEQUENCE OF: Severe Asthmatic Bronchitis — Interval between onset and death: 10 yrs

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

| 26a ACCIDENT [Specify Yes or No] | 26b DATE OF INJURY [Mo., Day, Yr.] | 26c HOUR OF INJURY | 26d DESCRIBE HOW INJURY OCCURRED | 24 AUTOPSY [Specify Yes or No] | 25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] |
|---|---|---|---|---|---|
| No | | | | 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 |
|---|---|---|
| No | | |

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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 Claudia Francis, Deputy Registrar

Date AUG 10 1981

VOID IF ALTERED

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

After recording return to:
James L. & Patricia G. Reed, 310 Pacific Terrace, 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 3rd day of May A.D., 19 84 at 8:30 o'clock A M, and duly recorded in Vol M84 of Deeds on page 7370.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Dow, Deputy