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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records UnitVol. m84 Page 7771TYPE
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BOOK

Local File Number

CERTIFICATE OF DEATH

State File Number

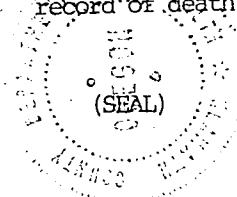
DECEASED—NAME First Middle Last HAROLD PAUL EBERLEIN			DATE OF DEATH (month, day, year) May 2, 1984		
1 RACE White, Black, American Indian, etc. (specify) White			2 SEX Male		
3 AGE—Last birthday (years) 71			4 Under 1 year Under 1 day		
5a City, town or location of death Klamath Falls			5b Hospital or other institution—Name (If not in either, give street and number) Merle West Medical Center		
6a State of birth (If not in U.S.A. name country) Michigan			6b Citizen of what country U.S.A.		
7a Social Security Number 543 - 10 - 2271			7b Usual occupation (give kind of work done during most of working life, even if retired) Shop Foreman		
8a Residence—State Oregon			8b County Klamath		
9a City, town, or location Klamath Falls			9b Street and number or R.F.D., ZIP 97603		
10a Father—Name first middle last Leonard Eberlein			10b Mother—first middle last (Maiden Name) Mathilda Beck		
11a Informant—Name and relationship to deceased Roger Eberlein - Son			12a Location City or town state Klamath Falls, Oregon		
13a Burial, cremation, removal, maus. (specify) Burial			13b Cemetery or crematory—Name Eternal Hills Memorial Gardens		
14a Funeral service licensee or person acting as such (Signature) <i>James A. Eberlein</i>			14b Name and address of facility WARD'S - 1945 Main - Klamath Falls, Oregon - 9760		
15a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Mark S. Kochevar			15b DATE SIGNED (Mo., Day, Yr.) 5-3-84		
16a Name and address of certifier (Type or Print) Mark S. Kochevar, MD / 1905 Main / Klamath Falls, Oregon / 97601			16b HOUR OF DEATH 1:32 p.m.		
17a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 4 1984			17b REGISTRAR <i>Marian Ackerman</i>		
18a IMMEDIATE CAUSE Part I			18b Interval between onset and death		
(a) Myocardial wall			minutes		
(b) Inferior wall myocardial infarction			3 days		
(c) Arteriosclerotic heart disease			yes		
19a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) None			19b AUTOPSY (Specify Yes or No) No		
20a ACCIDENT (Specify Yes or No) No			20b DATE OF INJURY (Mo., Day, Yr.) MAY 4 1984		
21a INJURY AT WORK (Specify Yes or No) No			21b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) None		
22a RESERVED FOR REGISTRAR'S USE			22b 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.



MARIAN ACKERMAN, Registrar Vital Statistics

By *Marian Ackerman*, Deputy RegistrarDate **MAY 4 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 9th day of May A.D., 1984 at 4:04 o'clock P M, and duly recorded in Vol. m84 of Deeds on page 7771.

EVELYN BIEHN, COUNTY CLERK

by: *Evelyn Biehn*, DeputyFee: \$ 4.00

Return: Ora-mie Eberlein 1769 Wiard Klamath Falls, Oregon