37870

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

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

Vol. M84 Page 10227

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First MERVIN; Middle HEATH; Last HULBERT

2 DATE OF DEATH (month, day, year): June 4, 1984

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

4 SEX: Male

5a AGE—Last birthday (years): 75

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): April 27, 1909

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

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

7c IF HOSP OR INST, Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA name country): Nebraska

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Georgia

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

13 SOCIAL SECURITY NUMBER: 506 - 16 - 0905

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

14b KIND OF BUSINESS OR INDUSTRY: Southern Pacific Rail Road

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 827 Rose 97601

15e Inside City Limits (specify Yes or No): Yes

16 FATHER—NAME first middle last: William Hulbert

17 MOTHER—first middle last (Maiden Name): Edna Davis

18 INFORMANT—NAME and relationship to deceased: Bill Hulbert - Son

DISPOSITION

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

19b CEMETERY OR CREMATORY NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): [signature]

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

CERTIFIER

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): Everett Signature

21b DATE SIGNED (Mo. Day, Yr.): 6-7-84

21c HOUR OF DEATH: 7:45 a M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, MD / 2622 Campus Dr / Klamath Falls, Oregon / 9760

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

22a DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): JUN 6 1984

22b REGISTRAR (Signature): [signature]

CONDITIONS IF any WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE

PART I (a) ACUTE MYOCARDIAL INFARCTION (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

Interval between onset and death: minutes

(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).: ARTHRITIS

Interval between onset and death

USE OF EXAM

4

5

6

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

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 [signature], Deputy Registrar

Date JUN 7 1984

VOID IF ALTERED

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

JUN 19 AM 11 48

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 19th day of June A.D., 19 84 at 11:48 o'clock A M, and duly recorded in Vol M84 of Deeds on page 10227.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy

Return: Georgia Hulbert 827 Rose Klamath Falls, Oregon 97601