

38468

STATE OF OREGON
 OREGON STATE HEALTH DIVISION
 DEPARTMENT OF HUMAN RESOURCES
 Vital Records Unit
 CERTIFICATE OF DEATH
 ORS - 146

Vol. 7784 Page 11316

84 JUL 24 AM 31

DECEASED—NAME FIRST MIDDLE LAST REX JIM KIMSEY		State File Number DATE OF DEATH (MONTH, DAY, YEAR) September 24, 1982	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	SEX Male	AGE—LAST BIRTHDAY (YEARS) 64	DATE OF BIRTH (MONTH, DAY, YEAR) March 8, 1918
CITY, TOWN, OR LOCATION OF DEATH Rocky Point	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Harriman Star St.	COUNTY OF DEATH Klamath	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Oregon	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SPOUSE (IF MARRIED, WIDOWED) Margaret
SOCIAL SECURITY NUMBER 543-07-9222	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Self Employed	KIND OF BUSINESS OR INDUSTRY Utility Contractor	
RESIDENCE—STATE Oregon	COUNTY Marion	CITY, TOWN, OR LOCATION Stayton	STREET AND NUMBER OR R.F.D. 17674 Old Mehama Rd.
FATHER—NAME FIRST MIDDLE LAST Arch Kimsey	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Gladys Frame	INFORMANT—NAME AND RELATIONSHIP TO DECEASED Margaret Kimsey / Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Lone Oak Cemetery	LOCATION—CITY OR TOWN Stayton, Oregon	
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE Jim Lancaster			
CERTIFICATION—MEDICAL EXAMINER I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT: DEATH OCCURRED (HOUR) 11:50 A. MONTH DAY YEAR SEP 24, 1982 12:00 P FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ CERTIFIER—SIGNATURE [Signature] NAME—(TYPE OR PRINT) Michael Cummings, MD MEDICAL EXAMINER FOR: [Signature] DATE SIGNED (MONTH, DAY, YEAR) 9/28/82 COUNTY KLAMATH			
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) SEP 28 1982		REGISTRAR (SIGNATURE) [Signature]	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).) PART I (A) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) DATE OF INJURY (MONTH, DAY, HOUR) HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) INJ. AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

HS-107 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature], Deputy Registrar

Date OCT 7 1982

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 5th day of July A.D., 1984 at 11:31 o'clock A.M., and duly recorded in Vol. 7784, of Deeds on page 11316.

Fee: \$1.00

EVELYN BIEHN, COUNTY CLERK

by: Bernetha A. Lelsch, Deputy

After recording, return to:
 Margaret Kinsey
 17674 Old Mehama Rd. SE
 Stayton, OR 97383