38604

223

Local File Number

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

CERTIFICATE OF DEATH

ORS – 146

Vol. M84 Page 11577

State File Number

Field	Entry
1 Deceased—Name (First, Middle, Last)	MERLYN McCAY IVES
2 Date of Death (Month, Day, Year)	June 16, 1983
3 Race (White, Black, American Indian, etc.)	White
4 Sex	Male
5A Age—Last Birthday (Years)	43
6 Date of Birth (Month, Day, Year)	March 7, 1940
7A City, Town, or Location of Death	Klamath Falls
7B Hospital or Other Institution	West Medical Center
7C If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	Emer. Rm.
7D County of Death	Klamath
8 State of Birth	Washington
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced	Married
11 Spouse (If Married, Widowed)	Judith
12 Was Decedent Ever in U.S. Armed Forces?	No
13 Social Security Number	543 - 40 - 6005
14A Usual Occupation	Medical-Tech. Dept. Head
14B Kind of Business or Industry	Oregon Institute of Tech.
15A Residence—State	Oregon
15B County	Klamath
15C City, Town, or Location	Klamath Falls
15D Street and Number or R.F.D.	230 Hillside
15E Inside City Limits	Yes
16 Father—Name	Francis Merlyn Ives
17 Mother—Maiden Name	Fern McCay
18 Informant—Name and Relationship to Deceased	Judith Ives / Wife
19A Burial, Cremation, Removal, Maus.	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	[signature]
20B Name and Address of Facility	WARD'S - 1945 Main - Klamath Falls, Oregon 97601

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:

Field	Entry
21A Death Occurred (Hour)	4:30 P.M.
21B The Decedent Was Pronounced Dead (Month, Day, Year, Hour)	June 16, 1983/4:30 P.M.
21C From	Natural Causes XX; Homicide ☐; Accident ☐; Undetermined ☐; Suicide ☐; Pending ☐
21D Certifier—Signature	[signature]
21E Name (Type or Print), Degree or Title	George R. Nicholson, MD
21F Medical Examiner for ___ County	Klamath
21G Date Signed	JUN 20 1983
22A Date Received by Registrar	JUN 20 1983
22B Registrar (Signature)	[signature]

23 PART I Immediate Cause

(a) Acute Anterior & Posterior Myocardial Infarcts

Due to, or as a consequence of:

(b) Occlusion right & left coronary arteries — Hours-Day

Due to, or as a consequence of:

(c) Arteriosclerotic Heart Disease, severe — yrs

PART II Other significant conditions — conditions contributing to death but not related to cause given in Part I (a)

24 Autopsy (Specify Yes or No): Yes

25A Date of Injury: 25B Hour: 25C How Injury Occurred:

25D Inj. at Work: 25E Place of Injury: 25F Location:

Reserved for Registrar's Use

ORIGINAL–VITAL STATISTICS COPY

RECEIVED SEP 6 1983

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.

VERIFICATIONS

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date JUN 21 1983

VOID IF ALTERED

(SEAL)

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 10th day of July A.D., 19 84 at 11:18 o'clock A M, and duly recorded in Vol M84 of Deeds on page 11577.

Fee: $4.00
Index $1.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy

Judith Ives--230 Hillside--Klamath Falls, OR 97601