

38740

84 JUCERTIFICATE OF DEATH

Vol. M84

Page 11767

Vital Records Unit

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HDBOOK

EDENT

DEATH
CURRED IN
STITUTION,
HANDBOOK
GARDING
PLETION OF
ENCE ITEMS.

→

POSITION

ARTIFIER

CONDITIONS
IF ANY
WHICH GAVE
ORISE TO
MEDIATE
CAUSE
ATING THE
DERLYING
AUSE LAST

USE OF
EATH

DECEASED—NAME		First		Middle		Last		State File Number	
1 BENJAMIN		FRANKLIN		HERRICK				DATE OF DEATH (month, day, year)	
2 White		3 Male		AGE—Last birthday (years)		Under 1 year		Under 1 day	
4 90		5a		5b		5c		6 November 18, 1983	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME		IF HOSP OR INST. Indicate DOA		OP Emer. Rm. Inpatient (Specify)		DATE OF BIRTH (month, day, year)	
7a Klamath Falls		7b Mt. View Care Center		7c Inpatient				8 February 27, 1893	
8 North Dakota		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH	
9 U.S.A.		10 Married		11 Edna				7d Klamath	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY				WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
13 538-01-6796		14a Retired - Farmer		14b Agriculture				12 No	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)	
15a Oregon		15b Klamath		15c Merrill		15d PO Box 121		15e Yes	
FATHER—NAME		MOTHER—Maiden Name		INFORMANT—NAME and relationship to deceased					
16 John E. Herrick		17 Nellie Sperry		18 Edna Herrick - Wife					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION		city or town		state	
19a Burial		19b Eternal Hills Mem. Gardens		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE Or Person Acting As Such		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH			
20a Jim Lancaster		20b WARD'S - 1945 Main St. - Klamath Falls, Ore.		21a 11 November 21, 1983		21c 6:00 P. M.			
21a (Signature) Charles D. Bury		21b Charles D. Bury, MD - 2300 Clairmont		Klamath Falls, Oregon					
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR		22a NOV 21 1983		22b (Signature) Marian Ackerman			
23 IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
PART I (a) Pneumonia								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:									
(b) Stroke								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:									
(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)									
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)		HOUR OF INJURY		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
26a No		26b		26c		24 No		25 No	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		M 26d		DESCRIBE HOW INJURY OCCURRED			
26a		26f		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN STATE	
				26g					

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 Jathumi E. Smith, Deputy Registrar

Date NOV 21 1983

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 12th day of July A.D., 19 84 at 1:32 o'clock P M, and duly recorded in Vol M84 of Deeds on page 11767.

Return: Edna Herrick
Box 121, Merrill, Ore.
Fee: \$4.00 Indexing :\$1.00

EVELYN BIEHN, COUNTY CLERK
by: Lam Smith, Deputy