41463

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

CERTIFICATE OF DEATH

355 — Local File Number

State File Number

DECEASED—NAME: 1 GEORGE HAROLD COATS, SR.

2 DATE OF DEATH (month, day, year): September 1, 1984

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

4 SEX: Male

5a AGE—Last birthday (years): 82

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): May 19, 1902

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. View Care Center

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

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): South Dakota

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Dorothy

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

13 SOCIAL SECURITY NUMBER: 542 - 07 - 3796

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

14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 404 Torrey St. 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: William Clinton Coats

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

18 INFORMANT—NAME and relationship to deceased: Dorothy Coats - Wife

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

19b CEMETERY OR CREMATORY - NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main / Klamath Falls, Or. / 97601

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]: Mark S. Kochevar M.D.

21b DATE SIGNED [Mo. Day. Yr.]: 9-4-84

21c HOUR OF DEATH: 3:00 PM

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Mark S. Kochevar, MD / 1905 Main / Klamath Falls, Oregon / 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo. Day. Yr.]: SEP 7 1984

22b REGISTRAR [Signature]: Catherine E Cravens

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I (a) Cardiorespiratory arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Congestive heart failure — Interval between onset and death: hours

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerotic heart disease — Interval between onset and death: years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Renal failure

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 Catherine E Cravens, Deputy Registrar

Date SEP 7 1984

VOID IF ALTERED

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

Rec 404 Ferney

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 21 day of September A.D., 19 84 at 2:12 o'clock P M, and duly recorded in Vol M84 of Deeds on page 16387.

Fee: $ 4.00 Index: $1.00

EVELYN BIEHN, COUNTY CLERK

by: _____, Deputy

Return: Dorothy Coats 404 Torrey St., Klamath Falls, Ore. 97601