

41680

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vol. M84 Page 16787

Vital Records Unit

CERTIFICATE OF DEATH

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Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
JACK THOMAS WINKLE		2 September 21, 1984	
RACE White, Black, American Indian, etc. (specify)		DATE OF BIRTH (month, day, year)	
3 White		6 July 20, 1925	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
7a Chiloquin		7d Klamath	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OPI, Emer., Rm., Inpatient (Specify)	
7b 145 Second Street		7c —	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY	
8		9 U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)	
10 Never Married		11 —	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13 541-22-3487		14b Timber Industry	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a Oregon		15c Chiloquin	
COUNTY		STREET AND NUMBER OR R.F.D., ZIP	
15b Klamath		15d 145 Second Street 97624	
FATHER—NAME		MOTHER—NAME	
16 Newton Thomas Winkle		17 Jessie Mae McGhee	
INFORMANT—NAME and relationship to deceased		LOCATION	
18 Betty L. Horton, sister		19c Klamath Falls, Oregon 97603	
BURIAL CREMATION, REMOVAL, MAUS (specify)		CEMETERY OR CREMATORY—NAME	
19a Cremation		19b Eternal Hills Crematory	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY	
20a <i>William F. Davenport</i>		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)	
21a (Signature) <i>Kenneth K. Magee</i>		21b September 21, 1984	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH Approx	
21d Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon		21c 6:00 A.M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
22a SEP 24 1984		22b (Signature) <i>Marian Ackerman</i>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) <i>Cardio-Pulmonary Arrest</i>		<i>minutes</i>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <i>Advanced Leukemia</i>		<i>months</i>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
		24 No	
		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
		25 No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	
26a No		26b	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
26e No		26c M 26d	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
26f		26g	
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Marian Ackerman*, Deputy Registrar
Date SEP 24 1984

VOID IF ALTERED.

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

After recording, return to: D.L. Hoots, 2261 S. 6th, Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 27 day of September A.D., 1984 at 4:03 o'clock P M, and duly recorded in Vol. M84 of Deeds on page 16787.

EVELYN BIEHN, COUNTY CLERK

by: *Pam Smith*, DeputyFee: \$ 4.00 Index: \$ 1.00