

43053

297

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

Vol. M84 Page 19067

CERTIFICATE OF DEATH

ORS - 146

State File Number

DECEASED - NAME ELMER KENNETH SOUDERS		DATE OF DEATH (MONTH, DAY, YEAR) July 22, 1984	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	SEX Male	AGE - LAST BIRTHDAY (YEARS) 61	DATE OF BIRTH (MONTH, DAY, YEAR) April 28, 1923
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.) 5474 Villa Drive	COUNTY OF DEATH Klamath	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Kansas	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SPOUSE (IF MARRIED, WIDOWED) Edna
SOCIAL SECURITY NUMBER 511 / 12 / 2893	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Mechanic	KIND OF BUSINESS OR INDUSTRY Heavy Equipment Company	
RESIDENCE STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. ZIP 5474 Villa Dr. / 97603
FATHER - NAME FIRST MIDDLE LAST Elmer K. Souders	MOTHER - FIRST MIDDLE LAST (MAIDEN NAME) Clara Heiz	INFORMANT - NAME AND RELATIONSHIP TO DECEASED Edna Souders / Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial	CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	LOCATION - CITY OR TOWN STATE Klamath Falls, Ore	
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - 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:			
DEATH OCCURRED (MONTH, DAY, YEAR, HOUR) 12:10 A	THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) July 22, 1984 / 8:30 A	FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER - SIGNATURE <i>Robert E. Jamison</i>		NAME - (TYPE OR PRINT) Robert Jamison, MD	
MEDICAL EXAMINER FOR: KLAMATH		DATE SIGNED (MONTH, DAY, YEAR) July 23, 1984	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) JUL 23 1984		REGISTRAR (SIGNATURE) <i>Robert E. Jamison</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) (a) <i>Arteriosclerotic Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH years
(b) _____ DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH
(c) _____ OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			AUTOPSY (SPECIFY YES OR NO) Yes
DATE OF INJURY (MONTH, DAY, YEAR) YEAR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
INJ. AT WORK (SPECIFY YES OR NO) 25D	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25E	LOCATION 25F	(STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

45-107 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 *Robert E. Jamison*, Deputy Registrar

Date JUL 24 1984

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 9th day of November A.D., 1984 at 9:45 o'clock AM, and duly recorded in Vol M84 of Deeds on page 19067.

EVELYN BIEHN, COUNTY CLERK

by: *Ann Smith*, Deputy

Fee: \$4.00 Index: \$1.00

After Recording
Return to:
Jerry Molitor
Attorney at Law
426 Main
Klamath Falls, OR 97601