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CERTIFICATE OF DEATH

Vol. M84 Page 19645

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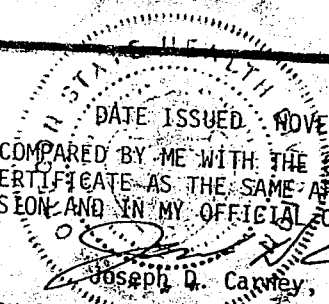
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DECEASED—NAME		First		Middle		Last		State File Number	
1 CHARLES		E.		MARTIN				DATE OF DEATH (month, day, year)	
2 RACE White, Black, American Indian, etc. (specify)		3 SEX Male		4 AGE—Last birthday (years) 83		5a Under 1 year mos. days		5b Under 1 day hours min.	
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center		7b IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify)		8 DATE OF BIRTH (month, day, year) 2 November 11, 1983		9 DATE OF BIRTH (month, day, year) 6 August 19, 1900	
10 STATE OF BIRTH (If not in U.S.A., name country) 8 Kansas		11 CITIZEN OF WHAT COUNTRY U.S.A.		12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		13 SPOUSE (IF MARRIED, WIDOWED) 11 Olga B. Martin		14 COUNTY OF DEATH 7a Klamath	
15 SOCIAL SECURITY NUMBER 579-07-5033		16 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a College Professor: Medical Science Education		17 KIND OF BUSINESS OR INDUSTRY		18 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes			
19 RESIDENCE—STATE Oregon		20 COUNTY Klamath		21 CITY, TOWN, OR LOCATION Klamath Falls		22 STREET AND NUMBER OR R.F.D., ZIP 5846 Balsam Dr. 97603		23 Inside City Limits (specify yes or no) 15e NO	
24 FATHER—NAME first middle last Clyde A. Martin		25 MOTHER—Maiden Name first middle last Amy A. Williamson		26 INFORMANT—NAME and relationship to deceased 18 Olga B. Martin, Wife		27 LOCATION city or town state Klamath Falls, Oregon			
28 BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		29 CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		30 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) [Signature]		31 NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore			
32 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		33 DATE SIGNED (Mo., Day, Yr.) 21b 11-16-83		34 HOUR OF DEATH 21c 5:18 P. M		35 NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Jon G. McKellar, M.D., 2300 Clairmont St., Klamath Falls, Oregon 97601			
36 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		37 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a NOV 16 1983		38 REGISTRAR 22b [Signature] [Signature]		39 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			
40 PART I (a) Cardiogenic Shock		41 DUE TO, OR AS A CONSEQUENCE OF:		42 (b) Acute myocardial Infarction		43 DUE TO, OR AS A CONSEQUENCE OF:		44 Interval between onset and death	
45 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		46 ACCIDENT (Specify Yes or No)		47 DATE OF INJURY (Mo., Day, Yr.)		48 HOUR OF INJURY		49 DESCRIBE HOW INJURY OCCURRED	
50 AUTOPSY (Specify Yes or No) 24 No		51 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No		52 INJURY AT WORK (Specify Yes or No) 26a		53 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b		54 LOCATION 26c M 26d	
55 STREET OR R.F.D. NO.		56 CITY OR TOWN		57 STATE		58 RESERVED FOR REGISTRAR'S USE			

After recording return to:
Mountain Title Co.

STATE OF OREGON, COUNTY OF MULTNOMAH)ss
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.



NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 20th day of November A.D., 19 84 at 2:43 o'clock P M, and duly recorded in Vol M84 of Deeds on page 19645.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK
by: [Signature], Deputy