44079

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

Vol. M84 Page 20826

429

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: First: J.	Middle: GLEN	Last: BATY		DATE OF DEATH (Month, Day, Year): November 18, 1984
3. RACE: White	4. SEX: Male	5a. AGE: 88	5b.	6. DATE OF BIRTH: January 18, 1896
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b. HOSPITAL OR OTHER INSTITUTION—NAME: West Medical Center	7c.	7d. COUNTY OF DEATH: Klamath	
8a. STATE OF BIRTH: Nebraska	8b. CITIZEN OF WHAT COUNTRY: U.S.A.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	10. SPOUSE: Della Mae Baldwin	11. WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes
12. SOCIAL SECURITY NUMBER: 477-18-7893	13. USUAL OCCUPATION: Logger	14. KIND OF BUSINESS OR INDUSTRY: Lumber		
15a. RESIDENCE—STATE: Oregon	15b. COUNTY: Klamath	15c. CITY, TOWN, OR LOCATION: Klamath Falls	15d. STREET AND NUMBER OR R.F.D., ZIP: 5025 Cottage 97601	15e. INSIDE CITY LIMITS?: No
16. FATHER: George T. Baty	17. MOTHER: Clara - Parker	18. INFORMANT: Della Mae Baty, wife		
19a. BURIAL, CREMATION, REMOVAL, MAUS.: Cremation	19b. CEMETERY OR CREMATORY: Eternal Hills Crematory	19c. LOCATION: Klamath Falls, Oregon 976		
20a. FUNERAL SERVICE LICENSEE: William L. Davenport	20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): Blake Berven	21b. DATE SIGNED: November 19, 1984	21c. HOUR OF DEATH: 12:45 P M		
21d. NAME AND ADDRESS OF CERTIFIER: Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601				
22a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Dave Seeley, MD				
23. DATE RECEIVED BY REGISTRAR: NOV 19 1984	24. REGISTRAR (Signature): Katherine E. Caminito			

PART I (a) IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). — Interval between onset and death

(a) Acute myocardial infarction — 1 hour

DUE TO OR AS A CONSEQUENCE OF

(b) ASHD — 10 years

DUE TO OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS — 25. AUTOPSY?: No — 26. WAS MEDICAL EXAMINER NOTIFIED?: No

27. ACCIDENT (Specify Yes or No)	28. DATE OF INJURY (Month, Day, Year)	29. HOUR OF INJURY	30. DESCRIBE HOW INJURY OCCURRED
No			
31. INJURY AT WORK (Specify Yes or No)	**32. PLACE OF INJURY (At home, farm, street, factory, office building, etc.—Specify)**		
No			

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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 ACHESON, Registrar Vital Statistics

Katherine E. Caminito, Deputy Registrar

Date: November 19, 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HUMAN RESOURCES

CK 5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the ____ day of _____ A.D., 19___ at _____ o clock ____ M, and duly recorded in Vol. ____ of _____ on page _____.

EVELYN BIEHN, COUNTY CLERK

Fee: $____

by: _____, Deputy