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45622

28
Local File Number

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

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME (First) HAROLD	(Middle) VERN	(Last) GINDER		2 DATE OF DEATH (month, day, year) January 27, 1985	
3 RACE (White, Black, American Indian, etc. (Specify)) White	4 SEX Male	5a AGE—Last Birthday (years) 81	5b Under 1 year: mos / days	5c Under 1 day: hours / min	6 DATE OF BIRTH (month, day, year) December 8, 1903
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center			7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) Inpatient	7d COUNTY OF DEATH Klamath
8 STATE OF BIRTH (If not in U.S.A. name country) Kansas	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (If Married, Widowed) Mildred		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
13 SOCIAL SECURITY NUMBER 544 / 22 / 6736	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Retired			14b KIND OF BUSINESS OR INDUSTRY Barber Shop	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 97601 2151 Eberlein		15e Inside City Limits (Specify yes or no) Yes
16 FATHER—NAME (First, middle, last) Nathaniel Ginder	17 MOTHER—(First, middle, last, (Maiden Name)) Jessie Teeters		18 INFORMANT—NAME and relationship to deceased Mildred Ginder - Wife		
19a BURIAL, CREMATION, REMOVAL, OTHER (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, Oregon 97601				
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Everett E. Howard MD	21b DATE SIGNED (Mo. Day. Yr.) 1-28-85	21c HOUR OF DEATH 11:50 P M			
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard, MD / 2622 Campus Drive / Klamath Falls, Oregon					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
22a DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.) JAN 30 1985	22b REGISTRAR (Signature) Marian E. Ackerman				

PART I — 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) PULMONARY EMBOLISM — Interval between onset and death: Days

DUE TO, OR AS A CONSEQUENCE OF

(b) ACUTE & CHRONIC RESPIRATORY FAILURE — Interval between onset and death: Weeks

DUE TO, OR AS A CONSEQUENCE OF

(c) EMPHYSEMA — 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)

24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No	No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo. Day. Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
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

27 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 Marian E. Ackerman, Deputy Registrar

Date JAN 30 1985

VOID IF ALTERED

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

Ref: Mildred Ginder
2151 Eberlein
City
5th ave

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 5th day of February A.D., 19 85 at 2:29 o'clock P M, and duly recorded in Vol M85, of Deeds on page 1890.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy

'85 FEB 5 PM 2 29