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

Vol. M85 Page 4526

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number 117

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First HENRY Middle WAYNE Last OVIATT SR.

2 DATE OF DEATH (month, day, year) March 20, 1985

3 RACE (White, Black, American Indian, etc. (specify)) White

4 SEX Male

5a AGE—Last birthday (years) 51

5b Under 1 year: mos. / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year) August 24, 1933

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) Iowa

9 CITIZEN OF WHAT COUNTRY U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married

11 SPOUSE (IF MARRIED, WIDOWED) Carmen E. Oviatt

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] Yes

13 SOCIAL SECURITY NUMBER 485-32-5264

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Electronic Technician

14b KIND OF BUSINESS OR INDUSTRY Electronics (U.S. Marine Corp

15a RESIDENCE—STATE Oregon

15b COUNTY Klamath

15c CITY, TOWN, OR LOCATION Merrill

15d STREET AND NUMBER OR R.F.D., ZIP P.O. Box 73 ~~97633~~

15e Inside City Limits (specify yes or no) Yes

16 FATHER—NAME first middle last William H. Oviatt

17 MOTHER—first middle last (Maiden Name) Bertha - Parker

18 INFORMANT—NAME and relationship to deceased Carmen E. Oviatt, Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial

19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens

19c LOCATION city or town, state Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] [illegible]

20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature] [illegible] M.D.

21b DATE SIGNED [Mo., Day, Yr.] 3/25/85

21c HOUR OF DEATH 10:18 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print] Dave Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] MAR 26 1985

22b REGISTRAR [Signature] Kathleen E. Cravens

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

PART I (a) ACUTE Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(b) Coronary Heart Disease — Interval between onset and death: 6 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Essential hypertension — Interval between onset and death:

24 AUTOPSY [Specify Yes or No] No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] No

26a ACCIDENT [Specify Yes or No]

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

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

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 Kathleen E. Cravens, Deputy Registrar

Date MAR 26 1985

VOID IF ALTERED

(SEAL)

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

5.00 ea

Ret. - Carmen E. Oviatt - P.O. Box 73, Merrill, Ore.

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 28th day of March A.D., 19 85 at 2:35 o'clock P M, and duly recorded in Vol M85, of Deeds on page 4526.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy