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

Vol. M85 Page 14106

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

345
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEDENT

DECEASED—NAME: 1 First: RAYMOND Middle: H. A. Last: MEYER

2 DATE OF DEATH (month, day, year): August 27, 1985

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

4 SEX: Male

5a AGE—Last birthday (years): 77

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): December 30, 1907

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 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 USA, name country): South Dakota

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Chloris M. Meyer

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

13 SOCIAL SECURITY NUMBER: 543-10-3702

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Railroad Car Inspector

14b KIND OF BUSINESS OR INDUSTRY: Weyco

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: Rt 3 Box 225 - 0 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: C. Harry Meyer

17 MOTHER—first middle last (Maiden Name): Ida - Stoltz

18 INFORMANT—NAME and relationship to deceased: Chloris M. Meyer, 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, Oregon 97

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

DISPOSITION

1. ____
2. ____
3. ____

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]: Kenneth K. Magee

21b DATE SIGNED [Mo., Day, Yr.]: August 27, 1985

21c HOUR OF DEATH: 8:33 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee, MD, 905 Main Street, Klamath Falls, Oregon 97601

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

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: AUG 27 1985

22a REGISTRAR

22b [Signature]: Fabienne E. Cramb

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

4. ____
5. ____
6. ____

PART I [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE (a): Cardiac Arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF (b): Recurrent Anterior Myocardial Infarction — Interval between onset and death: 2 days

DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Heart Disease — Interval between onset and death: 4 year

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Severe Hypertension

24 AUTOPSY [Specify Yes or No]: No

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

26a ACCIDENT [Specify Yes or No]: No

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

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY occurred:

26e INJURY AT WORK [Specify Yes or No]: 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.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By Fabienne E. Cramb Deputy Registrar

Date Sep 27, 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of September A.D., 19 85 at 2:31 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 14106.

the 4th day

Evelyn Biehn, County Clerk

By Ann Smith

FEE $5.00

Ret: Chloris Meyer Rt. 3, Box 225-0, Klamath Falls, Oregon 97601