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

Vol. M85 Page 15258

374
Local File Number

CERTIFICATE OF DEATH
ORS – 146

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

1. DECEASED—NAME: FIRST: MERLIN; MIDDLE: E.; LAST: DAVIS, SR.
2. DATE OF DEATH (MONTH, DAY, YEAR): September 14, 1985
3. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White
4. SEX: Male
5A. AGE—LAST BIRTHDAY (YEARS): 63
5B. UNDER 1 YEAR: MOS.: DAYS:
5C. UNDER 1 DAY: HOURS: MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): October 20, 1921
7A. CITY, TOWN, OR LOCATION OF DEATH: Near Gilchrist
7B. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): ¼ Mile from Residence (POB643)
7C. IF HOSP. OR INST., INDICATE DOA (BROUGHT IN DEAD), OPD (EMERGENCY ROOM, OUTPATIENT), OR INPATIENT (SPECIFY): —
7D. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oklahoma
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SPOUSE (IF MARRIED, WIDOWED): Ruby I. Davis
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
13. SOCIAL SECURITY NUMBER: 443-16-5877
14A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Dry cleaner
14B. KIND OF BUSINESS OR INDUSTRY: Dry Cleaning
15A. RESIDENCE—STATE: Oregon
15B. COUNTY: Klamath
15C. CITY, TOWN, OR LOCATION: Gilchrist
15D. STREET AND NUMBER OR R.F.D. ZIP: P.O. Box 643 97737
15E. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16. FATHER—NAME FIRST MIDDLE LAST: Wilburt Edward Davis
17. MOTHER—FIRST MIDDLE LAST (MAIDEN NAME): Esther Cloe Rains
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Merlene D. Sparks, daughter

DISPOSITION

19A. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation
19B. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
19C. LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon 976
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

CERTIFIER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (HOUR): Approx 12 Noon
21B. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): September 14, 1985 12:30P M.
21C. FROM: NATURAL CAUSES X; ACCIDENT ☐; SUICIDE ☐; HOMICIDE ☐; UNDETERMINED ☐; PENDING ☐
21D. CERTIFIER—SIGNATURE: Robert E. Jamison
21E. NAME—(TYPE OR PRINT): Robert E. Jamison, MD — DEGREE OR TITLE
21F. MEDICAL EXAMINER FOR: Klamath COUNTY
21G. DATE SIGNED (MONTH, DAY, YEAR): September 16, 1985
22A. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): SEP 16 1985
22B. REGISTRAR (SIGNATURE): Katherine E. Counts

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PART I
(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF:
(b) — INTERVAL BETWEEN ONSET AND DEATH:
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)

25A. DATE OF INJURY (MONTH, DAY, YEAR)
25B. HOUR
25C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)
24. AUTOPSY (SPECIFY YES OR NO): No
25D. INJ. AT WORK (SPECIFY YES OR NO)
25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
25F. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-107 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 Katherine E. Counts *Deputy Registrar*

Date Sept 17 1985

VOID IF ALTERED

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

Ann Marlene Davis, Jr
2939 Fell Court
San Jose, CA 95136

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of September A.D., 19 85 at 2:36 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 15258 the 18th day

FEE $5.00

Evelyn Biehn County Clerk

By Pam Smith