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STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
**CERTIFICATE OF DEATH**

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

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

SPOSITION

CERTIFIER

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

CAUSE OF  
DEATH

DECEASED—NAME First Middle Last <b>JACK OSCAR MILLER</b>		State File Number	
1 RACE White, Black, American Indian, etc. (Specify) <b>White</b>		DATE OF DEATH (month, day, year) <b>August 25, 1985</b>	
2 SEX <b>Male</b>		DATE OF BIRTH (month, day, year) <b>February 26, 1906</b>	
3 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		4 AGE—Last birthday (years) <b>79</b>	
5 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>Merle West Medical Center</b>		6 IF HOSP OR INST. Indicate DOA, OP, Emer, Rm, Inpatient (Specify) <b>Inpatient</b>	
7a SOCIAL SECURITY NUMBER <b>543 - 14 - 2115</b>		7b MARIED, NEVER MARIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		8a SPOUSE (IF MARRIED, WIDOWED) <b>Kathleen</b>	
9 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Heavy Equip. Operator - Ret.</b>		9a KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
10 RESIDENCE—STATE <b>Oregon</b>		10a STREET AND NUMBER OR R.F.D., ZIP <b>1862 Leroy Street 97601</b>	
11 FATHER—NAME <b>Oscar F. Miller</b>		11a MOTHER—NAME <b>Margreta Knabe</b>	
12 BIRTHAL, CREMATION, REMOVAL, MAUS. (Specify) <b>Cremation</b>		12a CEMETERY OR CREMATORY—NAME <b>Etternal Hills Memorial Gardens</b>	
13 FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature) <b>James K. [Signature]</b>		13a NAME AND ADDRESS OF FACILITY <b>WARD'S - 1945 Main - Klamath Falls, Or. - 97601</b>	
14a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <b>Blake D. Berven</b>		14b DATE SIGNED (Mo., Day, Yr.) <b>8/26/85</b>	
14c NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601</b>		14d HOUR OF DEATH <b>1:12 P M</b>	
15a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>AUG 26 1985</b>		15b REGISTRAR <b>[Signature]</b>	
16 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Cardiogenic shock</b>		Interval between onset and death <b>1 hr</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Extensive inferior infarction</b>		Interval between onset and death <b>6 days</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>ASHD</b>		Interval between onset and death <b>Unknown</b>	
17 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>ASHD</b>		17a AUTOPSY (Specify Yes or No) <b>NO</b>	
18 ACCIDENT (Specify Yes or No) <b>NO</b>		18a DATE OF INJURY (Mo., Day, Yr.) <b>26b</b>	
19a INJURY AT WORK (Specify Yes or No) <b>NO</b>		19b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>26c</b>	
20a HOUR OF INJURY <b>26d</b>		20b DESCRIBE HOW INJURY OCCURRED <b>26e</b>	
21a STREET OR R.F.D. NO <b>26f</b>		21b CITY OR TOWN <b>26g</b>	
21c STATE <b>26h</b>		21d WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>NO</b>	

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 **[Signature]** Deputy Registrar

Date **Aug 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. \_\_\_\_\_ the 26th day  
Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ M., and duly recorded in Vol. **M85**  
of \_\_\_\_\_ A.D., 19 **85** at **2:01** o'clock \_\_\_\_\_ on Page **15635**  
of \_\_\_\_\_ Deeds  
By **Evelyn Biehn** County Clerk  
Ret: **Kathleen Miller** 1862 Leroy St., Klamath Falls, Oregon 97601  
FEE \$5.00

45-2 REV. 12-83