

TYPE IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

465

Page 1

Local File Number

State File Number

CERTIFICATE OF DEATH

1 **DECEASED - NAME** First Middle Last **Noel T. PATRICK** 2 **DATE OF DEATH** (month day year) **November 8, 1985**

3 **RACE** White Black American Indian, etc. (specify) **White** 4 **SEX** Male 5a **AGE - Last birthday** (years) **78** 5b **Under 1 year** mos days 5c **Under 1 day** hours min 6 **DATE OF BIRTH** (month day year) **April 2, 1907**

7a **CITY, TOWN OR LOCATION OF DEATH** **Klamath Falls** 7b **HOSPITAL OR OTHER INSTITUTION - NAME** (If not in either, give street and number) **2505 Nile St.** 7c **IF HOSP OR INST Indicate DOA** OP Emer Rm Inpatient (Specify) 7d **COUNTY OF DEATH** **Klamath**

8 **STATE OF BIRTH** (If not U.S.A. name country) **Oregon** 9 **CITIZEN OF WHAT COUNTRY** **U.S.A.** 10 **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)** **Married** 11 **SPOUSE (IF MARRIED, WIDOWED)** **Christena M. Patrick** 12 **WAS DECEDENT EVER IN U.S. ARMED FORCES?** (Specify Yes or No) **No**

13 **SOCIAL SECURITY NUMBER** **541-09-8208** 14a **USUAL OCCUPATION** (give kind of work done during most of working life - on if retired) **Car Man/Railroad** 14b **KIND OF BUSINESS OR INDUSTRY** **Railroad**

15a **RESIDENCE - STATE** **Oregon** 15b **COUNTY** **Klamath** 15c **CITY, TOWN, OR LOCATION** **Klamath Falls** 15d **STREET AND NUMBER OR R.F.D., ZIP** **2505 Nile St. 97603** 15e **Inside City Limits (specify yes or no)** **No**

16 **FATHER - NAME** first middle last **Wilford Hugh Patrick** 17 **MOTHER - first middle last (Maiden Name)** **Elizabeth - Carlyle** 18 **INFORMANT - NAME and relationship to deceased** **Christena M. Patrick, Wife**

19a **BURIAL, CREMATION, REMOVAL, MAUS. (specify)** **Burial** 19b **CEMETERY OR CREMATORY - NAME** **Klamath Memorial Park** 19c **LOCATION** city or town **Klamath Falls, Ore.**

20a **FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)** *[Signature]* 20b **NAME AND ADDRESS OF FACILITY** **O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,**

21a **To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated** *[Signature]* **Craig A. Bennett, M.D.** 21b **DATE SIGNED (Mo. Day Yr)** **Nov 11 85** 21c **HOUR OF DEATH** **3:30 P.**

21d **NAME AND ADDRESS OF CERTIFIER (Type or Print)** **Craig A. Bennett, M.D., 1905 Main St., Klamath Falls, Ore. 97601**

22a **DATE RECEIVED BY REGISTRAR (Mo. Day Yr)** **NOV 12 1985** 22b **REGISTRAR (Signature)** *[Signature]*

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

PART I (a) **Alzheimer disease** Interval between onset and death **4 to 5 years**

(b) **DUE TO, OR AS A CONSEQUENCE OF:** Interval between onset and death

(c) **DUE TO, OR AS A CONSEQUENCE OF:** Interval between onset and death

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)** **No** 25 **WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)** **Yes**

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

26e **PLACE OF INJURY - (a) Home (b) Public place (c) Office building, etc. (Specify)** 26f **LOCATION** 26g **STREET OR R.F.D. NO** 26h **CITY OR TOWN** 26i **STATE**

26j **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 *[Signature]* Deputy Registrar

Date **Nov 12, 1985**
VOID IF ALTERED

CLERK OF COUNTY OF KLAMATH CO. DEPARTMENT

After recording, return to:

H.F. SMITH
Attorney at Law
640 Main Street
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 22nd day of November A.D., 19 85 at 11:16 o'clock A M., and duly recorded in Vol. 185 of _____ Deeds on Page 18952.

FEE \$5.00

Evelyn Biehn, County Clerk
By *[Signature]*