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

CERTIFICATE OF DEATH

506 — Local File Number — State File Number

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

DECEDENT

DECEDENT—NAME: 1 First: MAURICE Middle: MICHAEL Last: CREEDICAN

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

DATE OF BIRTH (month, day, year): 6 April 9, 1919

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

4 SEX: Male

5a AGE—Last Birthday (years): 66

5b Under 1 year: mos / days

5c Under 1 day: hours / min

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): Emer. Room

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Washington

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Betty

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

13 SOCIAL SECURITY NUMBER: 538 - 07 - 3467

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Timber Scaler - Retired

14b KIND OF BUSINESS OR INDUSTRY: Lumber

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 609 Lincoln Street 97601

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

16 FATHER—NAME first middle last: Patrick Creedican

17 MOTHER—first middle last (Maiden Name): Mamie Cline

18 INFORMANT—NAME and relationship to deceased: Betty Creedican - Wife

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

19b CEMETERY OR CREMATORY—NAME: Calvary Cemetery

19c LOCATION city or town, state: Tacoma, Washington

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Slagle

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore - 97601

21a [Signature]: To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated

21b DATE SIGNED [Mo. Day Yr.]: 12/3/85

21c HOUR OF DEATH: 2:26 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Richard F. Kay, MD / 1905 Main / Klamath Falls, Oregon / 97601

To be Completed by CERTIFYING PHYSICIAN Only

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

22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr.]: DEC 5 1985

22b REGISTRAR [Signature]: Lorraine E Crawford

DISPOSITION

CERTIFIER

CAUSE OF DEATH

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

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

23 IMMEDIATE CAUSE (a): cardiorespiratory arrest — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF (b): acute MI vs arrythmia — 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): FDDM

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)

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-

Ref: Elizabeth A Creedican
609 Lincoln St
Klamath Falls Or

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 Lorraine E Crawford, Deputy Registrar

Date December 6, 1985

VOID IF ALTERED

[SEAL]

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 _____ the 13th day of December A.D., 19 85 at 2:44 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 20296.

Evelyn Biehn, County Clerk

By Peggy Smith

FEE $5.00