56622 '85 DEC 23 PM 3 11

516
Local File Number

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

CERTIFICATE OF DEATH

ORS – 146

Vol. M85 Page 20792

State File Number

DECEASED—NAME FIRST MIDDLE LAST
1 Elbert Darius DAVIS

DATE OF DEATH (MONTH, DAY, YEAR)
2 December 11, 1985

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)
3 White

SEX
4 Male

AGE—LAST BIRTHDAY (YEARS)
5A 65

UNDER 1 YEAR MOS. DAYS 5B

UNDER 1 DAY HOURS MIN. 5C

DATE OF BIRTH (MONTH, DAY, YEAR)
6 September 1, 1920

CITY, TOWN, OR LOCATION OF DEATH
7A Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)
7B Route 2 Box 793

IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM., INPATIENT (SPECIFY)
7C No

COUNTY OF DEATH
7D Klamath

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
8 Oregon

CITIZEN OF WHAT COUNTRY
9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
10 Married

SPOUSE (IF MARRIED, WIDOWED)
11 Elsie M. Davis

WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
12 No

SOCIAL SECURITY NUMBER
13 543-30-8800

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
14A Mechanic

KIND OF BUSINESS OR INDUSTRY
14B Cattle Ranch

RESIDENCE—STATE
15A Oregon

COUNTY
15B Klamath

CITY, TOWN, OR LOCATION
15C Klamath Falls

STREET AND NUMBER OR R.F.D. ZIP 97601
15D Route 2 Box 793

INSIDE CITY LIMITS (SPECIFY YES OR NO)
15E No

FATHER—NAME FIRST MIDDLE LAST
16 Elbert George Davis

MOTHER—FIRST MIDDLE LAST (MAIDEN NAME)
17 Annie Louise Bartrow

INFORMANT—NAME AND RELATIONSHIP TO DECEASED
18 Elsie M. Davis - wife

BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)
19A Cremation

CEMETERY OR CREMATORY—NAME
19B Klamath Cremation Service

LOCATION—CITY OR TOWN STATE
19C Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE
20A ▶ Merrill Reid

NAME AND ADDRESS OF FACILITY
20B O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601

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:

DEATH OCCURRED (HOUR)
21A 1:00 P. M.

THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
21B December 11, 1985-9:30P. M.

FROM:
21C NATURAL CAUSES [X] HOMICIDE [ ] ACCIDENT [ ] UNDETERMINED [ ] SUICIDE [ ] PENDING [ ]

CERTIFIER—SIGNATURE
21D ▶ Robert E. Jamison, M.D.

NAME—(TYPE OR PRINT)
21E Dr. Robert E. Jamison

DEGREE OR TITLE
M.D.

MEDICAL EXAMINER FOR:
21F Klamath COUNTY

DATE SIGNED (MONTH, DAY, YEAR)
21G 12/13/85

DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)
22A DEC 13 1985

REGISTRAR
22B (SIGNATURE) ▶ Katherine E. Cravinho

23 PART I
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))
(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)

AUTOPSY (SPECIFY YES OR NO)
24 No

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

RESERVED FOR REGISTRAR'S USE

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

DISPOSITION

CERTIFIER

MEDICAL EXAMINER

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

CAUSE OF DEATH

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. Cravinho, Deputy Registrar

Date December 13, 1985

VOID IF ALTERED

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

Cert Elsie Davis 1405 Lyahan K.F. 5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______
of December A.D., 19 85 at 3:11 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 20792.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith