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STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Unit

CERTIFICATE OF DEATH

Local File Number: 346 — State File Number:

DECEDENT

1. Name: Kenneth Willard MILLER
2. Date of Death (month, day, year): December 30, 1985
3. Race: White
4. Sex: Male
5. Age—Last Birthday (years): 75
5a. Under 1 year: Age — 5b. Under 1 day: hours / min — 5c.
6. Date of Birth (month, day, year): September 25, 1910
7. City, Town or Location of Death: Midland
7a. Hospital or Other Institution—Name (If not in hospital or institution, give street address or location): 501 Fifth Street
7b. If Hosp or Inst Indicate DOA or Enter Pla of Injury (Specify): Residence
7c. County of Death: Klamath
8. State of Birth (If not in U.S.A. name country): Missouri
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (specify): Married
11. Spouse (If Married, Widowed): Doris M. Miller
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No): Yes
13. Social Security Number: 493-09-4803
14a. Usual Occupation (Give kind of work done during most of working life even if retired): Mechanical Engineer
14b. Kind of Business or Industry: Machine Fabrication
15. Residence—State: Oregon
15a. County: Klamath
15b. City, Town, or Location: Midland
15c. Street and Number or R.F.D. No. and ZIP: 501 Fifth Street 97634
15d. Inside City Limits (Specify yes or no): Yes
16. Father Name: Lawrence C. Miller
17. Mother Name (First, Middle, Last, Maiden Name): Mary Stenona Adkins
18. Informant Name and Mailing Address (Street or R.F.D. No., City or Town, State): Doris M. Miller - wife
19a. Burial, Cremation, Removal, Name (Specify): Burial/Removal
19b. Cemetery or Crematory Name: Summerville Cemetery
19c. Location (City or Town, State): Summerville, Oregon
20a. Funeral Service Licensee or Person Acting As Such (Signature): [signature]
20b. Name and Address of Facility: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601
20c. Date Signed (Mo, Day, Yr): 12-30-85
20d. Hour of Death: 2:45 A. M

DISPOSITION

CERTIFIER

To Be Completed by Certifying Physician

I, the undersigned, hereby certify that death occurred at the time, date and place and due to the cause(s) stated.

21a. Signature: [signature] M.D.
21b. Name and Address of Certifier (Type or Print): Dr. F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601
21c. Name of Attending Physician if Other Than Certifier (Type or Print):

22a. Date Received by Registrar (Mo, Day, Yr): DEC 30 1985
22b. Registrar Signature: [signature]

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) Heart Failure — Interval Between Onset and Death: 1 Day
DUE TO, OR AS A CONSEQUENCE OF
(b) ASHD and Mitral Insufficiency — Interval Between Onset and Death: 2 Years
DUE TO, OR AS A CONSEQUENCE OF
(c)

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

26. Accident (Specify Yes or No)
26a. Injury at Work (Specify Yes or No)
26b. Date of Injury (Mo, Day, Yr)
26c. Hour of Injury
26d. Describe How Injury Occurred
26e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)
26f. Location — Street or R.F.D. No. — City or Town — State
26g.

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12-81

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 Jan 6 1986

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 7th day of January A.D. 19 86 at 3:01 o'clock P M. and duly recorded in Vol M86 of Deeds on Page 436

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00

Ret: Doris Miller 501 Fifth St., Midland, Oregon 97634