Vital Records Unit — Vol M86 Page 1252

Local File Number — State File Number

1. Decedent—Name (First, Middle, Last)	HOWARD FREDERICK SEARLE
2. Date of Death (month, day, year)	December 14, 1983
3. Race	White
4. Sex	Male
5a. Age—Last Birthday (years)	66
6. Date of Birth (month, day, year)	February 14, 1917
7a. City, Town or Location of Death	Klamath Falls
7b. Hospital or Other Institution—Name	Highland Care Center
7c. If Hosp or Inst Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	Inpatient
7d. County of Death	Klamath
8. State of Birth	North Dakota
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Spouse	Violet Searle
12. Was Decedent Ever in U.S. Armed Forces?	Yes
13. Social Security Number	502-05-7859
14a. Usual Occupation	Meter Reader
14b. Kind of Business or Industry	Utility
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Keno
15d. Street and Number or R.F.D., Zip	P.O. Box 250 97627
15e. Inside City Limits	Yes
16. Father—Name	Louis Charles Searle
17. Mother—Maiden Name	Bedelia - O'Laughlin
18. Informant—Name and relationship to decedent	Violet Searle, Wife
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory—Name	Mt. Calvary Cemetery
19c. Location	Klamath Falls, Oregon
20a. Funeral Service Licensee (Signature)	[signature]
20b. Name and Address of Facility	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or
21a. Certifying Physician (Signature)	[signature] M.D.
21b. Date Signed	Dec 15 83
21c. Hour of Death	11:45 A.M.
21d. Name and Address of Certifier	Raymond Tice, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier	
22a. Date Received by Registrar	DEC 16 1983
22b. Registrar (Signature)	[signature]

23. Immediate Cause

Part	Cause	Interval between onset and death
I (a)	Sudden Death (Arrhythmia ? M.I.)	Minutes
(b) Due to, or as a consequence of	Arteriosclerotic Heart Disease	Years
(c) Due to, or as a consequence of		
II Other significant conditions	Parkinson's Disease, C.O.P.D.	

24. Autopsy	No
25. Was Medical Examiner Notified	No
26a. Accident	
26b. Date of Injury	
26c. Hour of Injury	
26d. Describe How Injury Occurred	
26e. Injury at Work	
26f. Place of Injury	
26g. Location	

Reserved for Registrar's Use

HS-2 (Rev 1/80)

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 [signature], Deputy Registrar

Date DEC 16 1983

VOID IF ALTERED

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

Return to: Violet Schmidt, Box 187, Keno, OR 97627

STATE OF OREGON COUNTY OF KLAMATH ss.

Filed for record at request of ______ the 27th day of January A.D. 19 86 at 9:05 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 1252

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]