

58168

MTC 1396-663

STATE OF OREGON - HEALTH DIVISION

Vital Statistics Section

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39

CERTIFICATE OF DEATH

Local File Number

Middle

Last

State File Number

DECEASED

Usual residence
If death occurred in institution, give residence before admission.

1. RACE White, Negro, American Indian, etc. (specify)

2. SEX Male

3. COUNTY of DEATH

4. Female

5. City, town, or location of death

6. Klamath Falls

7. Klamath Falls

8. STATE OF BIRTH (if not in U.S.A., name country)

9. Missouri

10. SOCIAL SECURITY NUMBER

11. 717-11-9387

12. RESIDENCE-STATE

13. Oregon

14. COUNTY

15. Klamath

16. Father-NAME

17. Jim - Thuyman

18. DEATH WAS CAUSED BY:

19. Immediate cause

20. (a) Acute Cardiac Arrhythmia

21. (b) Myocardial Infarction

22. (c) Generalized Atherosclerosis

23. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)

24. ACCIDENT (specify yes or no)

25. DATE OF INJURY (specify month, day, year)

26. HOUR

27. LOCATION (street or R.F.D. No., city or town, county, state)

28. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)

29. AUTOPSY (yes or no)

30. IF YES, were findings considered in determining cause of death

31. DATE OF DEATH (month, day, year)

32. DATE OF BIRTH (month, day, year)

33. DATE RECEIVED BY LOCAL REGISTRAR

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