

58518 '86 FEB 24 PM 2 15

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

Vol. M86 Page 3149

515

Local File Number

## CERTIFICATE OF DEATH

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

## DECEASED

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

## DISPOSITION

## CERTIFIER

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

## CAUSE OF DEATH

DECEASED—NAME First Middle Last Clifford E. SHELBY		DATE OF DEATH (month day year) December 9, 1985	
RACE White Black American Indian etc. (Specify) White		SEX Male	AGE—Last birthday (years) 58
CITY, TOWN OR LOCATION OF DEATH Sprague River		DATE OF BIRTH (month day year) March 14, 1927	
HOSPITAL OR OTHER INSTITUTION—NAME Res. near Squaw Flat Road		COUNTY OF DEATH Klamath	
STATE OF BIRTH (if not in U.S.A.) Texas	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED WIDOWED) Effie L. Shelby
SOCIAL SECURITY NUMBER 161-34-1374		KIND OF BUSINESS OR INDUSTRY Timber Industry (Weyco)	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Sprague River	STREET AND NUMBER OR R.F.D., ZIP P.O. Box 49 97639
FATHER—NAME Asa Jackson Shelby	MOTHER—first middle last (Maiden Name) Jane McDonald	INFORMANT—NAME and relationship to deceased Effie L. Shelby, wife	
BURIAL, CREMATION, REMOVAL, MAUS, (specify) Burial		CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
FURNERAL SERVICE LICENSEE (if Person Acting As Such) William J. Davenport		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-7191	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Yale Sacks		DATE SIGNED (Mo. Day Yr.) December 11, 1985	HOUR OF DEATH 4:25 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) Yale Sacks, MD, 786 State Street, Medford, Oregon 97501		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) DEC 11 1985		REGISTRAR Marian E. Ackerman	
IMMEDIATE CAUSE (a) Respiratory Arrest (b) Lymphoma		INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
DATE OF INJURY (Mo. Day Yr.) 26b		HOUR OF INJURY 26c	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g	
STREET OR R.F.D. NO. 26d		CITY OR TOWN 26e	
STATE 26f			

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12

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 Marian E. Ackerman Deputy RegistrarDate December 13, 1985

VOID IF ALTERED

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 24th day of February A.D., 19 86 at 2:16 o'clock P M., and duly recorded in Vol. M86 of Deaths on Page 3149

FEE \$5.00

Ret: Effie Shelby

Box 49, Sprague River, Oregon 97639

Evelyn Biehn,

County Clerk

By Marian Smith