

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

Vol. 1286 Page 3

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RESERVED FOR REGISTRAR'S USE

DECEASED—NAME First Middle Last KENNETH LEO MARTIN		State File Number	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 48
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF DEATH (month, day, year) July 7, 1984	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		DATE OF BIRTH (month, day, year) October 7, 1935	
STATE OF BIRTH (If not in U.S.A. name country) Illinois		CITIZEN OF WHAT COUNTRY U.S.A.	IF HOSP OR INST indicate DOA, Of Emer. Rm. Inpatient (Specify) Inpatient
SOCIAL SECURITY NUMBER 541-38-6928		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	COUNTY OF DEATH Klamath
RESIDENCE—STATE Oregon		SPOUSE (IF MARRIED WIDOWED) Lieselotte Elig	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
COUNTY Klamath	CITY, TOWN, OR LOCATION Keno	KIND OF BUSINESS OR INDUSTRY City of Klamath Falls	
FATHER—NAME first middle last Euclid - Martin	MOTHER—first middle last Lorene - Ray	STREET AND NUMBER OR R.F.D., ZIP P.O. Box 259 97627	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		INFORMANT—NAME and relationship to deceased Lieselotte G. Martin, wife	
CEMETERY OR CREMATORY NAME Keno Cemetery		LOCATION Keno, Oregon 97627	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>William F. Bartlett</i>		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603	
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <i>William A. Bartlett</i>		DATE SIGNED (Mo. Day, Yr.) 7/9/84	HOUR OF DEATH 9:52 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) William A. Bartlett, MD, 2300 Clairmont, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) JUL 10 1984		REGISTRAR (Signature) <i>Marian Ackerman</i>	
PART I IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Coronary Heart Failure Interval between onset and death 3 months (b) DUE TO, OR AS A CONSEQUENCE OF Pump Failure Interval between onset and death 3 months (c) DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction Interval between onset and death 7 months & 3 months			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Mo. Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIPTIVE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26e	LOCATION 26f	
STREET OR R.F.D. NO 26g		CITY OR TOWN 26h	STATE 26i

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
County of Klamath

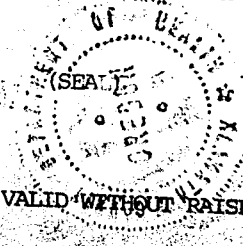
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By *William F. Bartlett*, Deputy Registrar

DATE **JUL 10 1984**

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



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of February A.D., 19 86 at 9:18 o'clock A M., and duly recorded in Vol. 1286 day of Deeds on Page 3197

FEE \$5.00

Return: Lisa Zeller Box 259, Keno, Oregon 97627

Evelyn Biehn, County Clerk

William F. Bartlett