59006

I.D. NUMBER 06247

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

Vol. M86 Page 3904

93
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First: James | Middle: Franklin | Last: HARGROVE
2 DATE OF DEATH (month, day, year): March 4, 1986
3 RACE: White
4 SEX: Male
5a AGE—Last Birthday (years): 79
5b Under 1 year: months
5c Under 1 day: hours, min
6 DATE OF BIRTH (month, day, year): October 15, 1906
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Convalescent Center
7c IF HOSP OR INST indicate DOA, OP/Emer. Rm, Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not U.S.A. name country): Texas
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Leola Keffer
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 544-05-2282
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cut-off Sawyer
14b KIND OF BUSINESS OR INDUSTRY: Lumber Manufacturing
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 3113 Altamont Drive 97603
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME: First: John | Middle: Franklin | Last: Hargrove
17 MOTHER—NAME: First: Lucy | Middle: Rebecca | Last (Maiden Name): Strain
18 INFORMANT—NAME and relationship to deceased: Leola B. Hargrove, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS: Burial
19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
19c LOCATION (city or town, state): Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE (Signature, Acting As Such): William F. Davenport
20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, xx 6120 South Sixth Street, Klamath Falls, Oregon 97603-719

CERTIFIER

21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Signature: Kenneth K. Magee
21b DATE SIGNED (Mo. Day Yr.): March 5, 1986
21c HOUR OF DEATH: 2:05 P. M
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): MAR 6 1986
22b REGISTRAR (Signature): X Catherine F. Clements

CAUSE OF DEATH

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)
PART I (a) Cardiac Respiratory Arrest — Interval between onset and death: minutes
DUE TO OR AS A CONSEQUENCE OF
(b) Pneumonia — Interval between onset and death: Days
DUE TO OR AS A CONSEQUENCE OF
(c) Severe pulmonary disease with debility — Interval between onset and death: Progressive - yrs
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): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo. Day Yr.)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No): No
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION: STREET OR R.F.D. NO. | CITY OR TOWN | STATE

RESERVED FOR REGISTRAR'S USE

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

[SEAL]

By X Catherine F. Clements *Deputy Registrar*

Date March 6, 1986

VOID IF ALTERED

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

35.50 Copy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 10th day of March A.D., 19 86 at 8:42 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 3904.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Leola B. Hargrove 3113 Altamont Dr., Klamath Falls, Oregon 97603