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

CERTIFICATE OF DEATH

State File Number: 06255

ID TAG NO. 127

Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First Darrell; Middle W.; Last GUTHRIE

2 DATE OF DEATH (month, day, year): April 6, 1986

3 RACE White, Black, American Indian, etc. (specify): White

SEX: Male

4 AGE — Last birthday (years): 72; Under 1 year: mos. / days; Under 1 day: hours / min.

5a / 5b / 5c

6 DATE OF BIRTH (month, day, year): October 18, 1913

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Emer. Rm.

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Illinois

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ellen Bowman

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 541-09-5191

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor/Dept of Agriculture

14b KIND OF BUSINESS OR INDUSTRY: State of Oregon

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Merrill

15d STREET AND NUMBER OR R.F.D.: P.O. Box 431 ZIP: 97633

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME first middle last: John - Guthrie

17 MOTHER — first middle last (Maiden Name): Ima Parrott

18 INFORMANT — NAME and relationship to deceased: Ellen A. Guthrie, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

LOCATION city or town state: 19c Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-719

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): Mark S. Kochevar MD

21b DATE SIGNED (Mo., Day, Year): April 7, 1986

21c HOUR OF DEATH: 8:10 P M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon ZIP: 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): April 7, 1986

22b REGISTRAR (Signature): Katherine E. Crawford

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I

(a) Cardiac arrhythmia — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Congestive heart failure — Interval between onset and death: months

DUE TO, OR AS A CONSEQUENCE OF:

(c) Ischemic heart disease — Interval between onset and death: years

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Previous cerebrovascular accident

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, Year):

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:

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE:

ORIGINAL–VITAL STATISTICS COPY

45-2 Rev.

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 Katherine E. Crawford Deputy Registrar

Date April 7, 1986

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 _____ of April A.D., 19 86 at 11:07 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 6475 the 16th day

FEE $5.00

Return: Ellen Guthrie Box 431 Merrill, Oregon 97633

Evelyn Biehn, County Clerk
By Pam Smith