A 5150
ID TAG NO.

169
Local File Number

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

Vol. M86 Page 8125

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

1 DECEASED — NAME (First) Thurman (Middle) L. (Last) TURNER

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

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

4 SEX Male

5a AGE — Last birthday (years) 69

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year) January 6, 1917

7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) Merle West Medical 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 in U.S.A., name country) Oklahoma

9 CITIZEN OF WHAT COUNTRY U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED) Alice A. Turner

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

13 SOCIAL SECURITY NUMBER 543-10-2625

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Substation Operator

14b KIND OF BUSINESS OR INDUSTRY Public Electric Utility

15a RESIDENCE — STATE Oregon

15b COUNTY Klamath

15c CITY, TOWN OR LOCATION Klamath Falls

15d STREET AND NUMBER OR R.F.D. 6646 Homedale Rd. ZIP 97603

15e Inside City Limits (specify yes or no) No

16 FATHER — NAME first middle last Dolan - Turner

17 MOTHER — first middle last (Maiden Name) Willie - Ruvina

18 INFORMANT — NAME and relationship to deceased Alice A. Turner, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation

19b CEMETERY OR CREMATORY — NAME Klamath Cremation Service

19c LOCATION city or town state Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) [signature]

20b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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) [signature] M.D.

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

21c HOUR OF DEATH 3:35 P. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Dave Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Oregon ZIP: 97601

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

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

22b REGISTRAR (Signature) [signature]

CAUSE OF DEATH

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

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

PART I (a) Pneumonia — Interval between onset and death: 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Cardiac Arrest c 2° hypoxic brain injury — Interval between onset and death: 7 Days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Coronary Heart Disease — Interval between onset and death: 5 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)

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or 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. 1-86

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.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] *, Deputy Registrar*

Date May 5, 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 May A.D., 19 86 at 2:40 o'clock P M., and duly recorded in Vol. M86, on Page 8125 the 12th day of Deeds.

FEE $5.00

Evelyn Biehm, County Clerk
By [signature]

Return: Alice Turner 6646 Homedale Rd. Klamath Falls, Ore. 97603