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86 MAY 23 PM 4

Vol. M86 Page 8977

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

A 7045
ID TAG NO.

195

Local File Number

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: Lawrence Middle: W. Last: VICKREY | | 2 DATE OF DEATH (month, day, year) May 21, 1986 | |
| 3 RACE White, Black, American Indian, etc. (specify) White | 4 SEX Male | 5a AGE - Last birthday (years) 76 | 5b Under 1 year mos. days hours min. |
| 6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls | 7a HOSPITAL OR OTHER INSTITUTION - NAME (If not in city, give street and number) West Medical Center | 7b IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify) Emer. Rm. | 7c COUNTY OF DEATH Klamath |
| 8 STATE OF BIRTH (If not in U.S.A., name country) District of Columbia | 9 CITIZEN OF WHAT COUNTRY U.S.A. | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married | 11 SPOUSE (IF MARRIED, WIDOWED) Sue Ann Thantham |
| 12 SOCIAL SECURITY NUMBER 725-09-5979 | 13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Yeoman | 14a KIND OF BUSINESS OR INDUSTRY U. S. Navy | 14b ZIP 97603 |
| 15a RESIDENCE - STATE Oregon | 15b COUNTY Klamath | 15c CITY, TOWN OR LOCATION Klamath Falls | 15d STREET AND NUMBER OR R.F.D. 4419 Bristol Avenue |
| 16 FATHER - NAME first middle last Frank - Vickrey | 17 MOTHER - first middle last (Maiden Name) Elsie - Clem | 18 INFORMANT - NAME and relationship to deceased Robert B. Vickrey, son | |
| 19a BURIAL, CREMATION, REMOVAL, MAINT. (specify) Cremation | | 19b CEMETERY OR CREMATORY - NAME Eternal Hills Crematory | |
| 20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>William F. Davenport</i> | | 20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194 | |
| 21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) George B. Peden, MD, 2865 Daggett Street, Klamath Falls, Oregon | | 21b DATE SIGNED (Mo., Day, Year) May 22, 1986 | |
| 21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 21d HOUR OF DEATH 10:15 A.M. | |
| 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) May 23, 1986 | | 22b REGISTRAR (Signature) <i>Marlene E. Cravens</i> | |

DISPOSITION

1
2
3

CERTIFIER

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

CAUSE OF DEATH

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a) Cardiac Arrest (b) Myocardial Infarction (c) ASCD | | 24 AUTOPSY (Specify Yes or No) No | | 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No | |
| 26 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) | | | | | |
| 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 | 26h STREET OR R.F.D. NO. | 26i CITY OR TOWN | 26j STATE |
| 27 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | | 28 WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | | |
| 29 RESERVED FOR REGISTRAR'S USE | | | | | |

ORIGINAL-VITAL STATISTICS COPY

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 *Marlene E. Cravens*, Deputy Registrar

Date May 23, 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 23rd day
of May A.D., 19 86 at 4:14 o'clock P M. and duly recorded in Vol. M86
of _____ Deeds _____ on Page 8977

Evelyn Biehn, County Clerk
By *Marlene E. Cravens*

FEE \$5.00

Copy
506
Sue Ann Vickrey
4419 Bristol Ave
K. Falls