18914
ID TAG NO
156
Local File Number

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

Vol. M86 Page 9664

CERTIFICATE OF DEATH

State File Number

DECEASED — NAME (1) First / Middle / Last	ARTHUR EUGENE HARWOOD
DATE OF DEATH (month, day, year) (2)	April 26, 1986
RACE White, Black, American Indian, etc. (specify) (3)	White
SEX (4)	Male
AGE — Last birthday (years) (5a)	43
Under 1 year mos. / days (5b)	
Under 1 day hours / min. (5c)	
DATE OF BIRTH (month, day, year) (6)	June 21, 1942
CITY, TOWN OR LOCATION OF DEATH (7a)	Klamath Falls
HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) (7b)	Merle West Medical Center
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) (7c)	Emer. Room
COUNTY OF DEATH (7d)	Klamath
STATE OF BIRTH (If not in U.S.A., name country) (8)	Michigan
CITIZEN OF WHAT COUNTRY (9)	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10)	Married
SPOUSE (IF MARRIED, WIDOWED) (11)	Elizabeth Ann
WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) (12)	Yes
SOCIAL SECURITY NUMBER (13)	371 - 42 - 4472
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (14a)	Machinist - Retired
KIND OF BUSINESS OR INDUSTRY (14b)	Timber Company
RESIDENCE — STATE (15a)	Oregon
COUNTY (15b)	Klamath
CITY, TOWN OR LOCATION (15c)	Klamath Falls
STREET AND NUMBER OR R.F.D. (15d)	809 W. Oregon Avenue
ZIP	97601
Inside City Limits (specify yes or no) (15e)	Yes
FATHER — NAME first middle last (16)	Clifford J. Harwood
MOTHER — first middle last (Maiden Name) (17)	Elizabeth Almina Myers
INFORMANT — NAME and relationship to deceased (18)	Betty Ann Harwood / Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a)	Burial
CEMETERY OR CREMATORY — NAME (19b)	Mt. Calvary Cemetery
LOCATION city or town, state (19c)	Klamath Falls, Or.
FUNERAL SERVICE LICENSEE or person acting as such (Signature) (20a)	[signature]
NAME AND ADDRESS OF FACILITY (20b)	WARD'S - 1945 Main - Klamath Falls, Ore. - 97601
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (21a) (Signature)	F. G. Marx
DATE SIGNED (Mo., Day, Year) (21b)	4/28/86
HOUR OF DEATH (21c)	8:45 P M
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) (21d)	F. Geoffrey Marx, MD / 2614 Clover / Klamath Falls, Oregon / 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) (21e)	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) (22a)	APR 29 1986
REGISTRAR (22b) (Signature)	Katharine E. Crawerho

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

PART I	Cause	Interval between onset and death
(a)	Probable Myocardial infarct	0
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

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

AUTOPSY (Specify Yes or No) (24)	No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) (25)	No
ACCIDENT (Specify Yes or No) (26a)	No
DATE OF INJURY (Mo., Day, Year) (26b)	
HOUR OF INJURY (26c)	M
DESCRIBE HOW INJURY OCCURRED (26d)	
INJURY AT WORK (Specify Yes or No) (26e)	
PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) (26f)	
LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)	

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Katharine E. Crawerho, Deputy Regisrtar

Date June 3, 1986

SEAL

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ________ the 4th day of June A.D., 19 86 at 2:13 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 9664.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Return: Betty Harwood 809 W. Oregon Ave., Klamath Falls, Oregon 97601