

62447-86 JUN 10 1986

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ID TAG NO

220

Local File Number

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

Vol. 186 Page 2

## CERTIFICATE OF DEATH

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INKFOR  
INSTRUCTIONS  
SEE  
HANDBOOK

## DECEDENT

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

1 DECEASED - NAME First Middle Last Carl M. McCoy		2 DATE OF DEATH (month, day, year) June 5, 1986	
3 RACE White, Black, American Indian, etc. White		4 SEX Male	
5a AGE - Last birthday (years) 59		5b Under 1 year mos. days hours min.	
6 CITY, TOWN OR LOCATION OF DEATH Midland		7a HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 104 Clark Street	
7b STATE OF BIRTH (If not in U.S., name country) Iowa		8 CITIZEN OF WHAT COUNTRY U.S.A.	
9 SOCIAL SECURITY NUMBER 481-20-1144		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
11 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		12 SPOUSE (IF MARRIED, WIDOWED) Arlene Else McCoy	
13 RESIDENCE - STATE Oregon		14a KIND OF BUSINESS OR INDUSTRY Automobile Repair	
15a FATHER - NAME first middle last Frank N. McCoy		15b MOTHER - first middle last Laura Belle Dyer	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		17 CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	
18a FUNERAL SERVICE LICENSE (Signature) William J. [Signature]		18b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	
19a To the best of my knowledge, death occurred at the time, date and place and 21a (Signature) John J. Cleeman, MD, 1905 Main Street, Klamath Falls, Oregon		19b DATE SIGNED (Mo., Day, Year) June 6, 1986	
20a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) John J. Cleeman, MD, 1905 Main Street, Klamath Falls, Oregon		20b DATE SIGNED (Mo., Day, Year) June 6, 1986	
21a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21b DATE SIGNED (Mo., Day, Year) June 6, 1986	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) June 6, 1986		22b REGISTRAR Lathorne E. Crank	

## DISPOSITION

1  
2  
3

## CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH4  
5  
6

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a) Cancer (b) Pancreas (c) Others Significant Conditions - Conditions contributing to death but not related to cause of death in PART I (a) Obstructive Heart Disease		24 AUTOPSY (Specify Yes or No) No		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
26a INJURY AT WORK (Specify Yes or No) No		26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) M		26c DESCRIBE HOW INJURY OCCURRED	
26d INJURY AT WORK (Specify Yes or No) No		26e LOCATION M		26f STREET OR R.F.D. NO. CITY OR TOWN STATE	
26g DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		26h WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		26i 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 Lathorne E. Crank, Deputy RegistrarDate June 6, 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 \_\_\_\_\_  
of June \_\_\_\_\_ A.D., 19 86 at 2:19 o'clock P M., and duly recorded in Vol. \_\_\_\_\_  
of \_\_\_\_\_ Deeds on Page 9968

FEE \$5.00

Return: Arlene McCoy

Box 61, Midland, Oregon 97634

Evelyn Biehn,

County Clerk

By PKM Smith