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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATHVol. M86 Page 10414B 2903
ID TAG NO.
228

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

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED — NAME			DATE OF DEATH (month, day, year)		
1 Arthur Ellis FIELDS			2 June 11, 1986		
RACE White, Black, American Indian, etc. (specify)		SEX	AGE — Last birthday (years)		DATE OF BIRTH (month, day, year)
3 White		4 Male	5a 63		6 February 6, 1923
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME		IF HOSP. OR INST. Indicate DOA, OPI/Emer. Rm., Inpatient (specify)	
7a Klamath Falls		7b West Medical Center		7c Emer. Rm.	
STATE OF BIRTH (if not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
8 Oregon		9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 544-12-2323		14a Truck Driver		14b Asphalt Paving Construction	
RESIDENCE — STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP
15a Oregon		15b Klamath	15c Klamath Falls		15d 1835 Johnson (P.O. Box 105) 97601
FATHER — NAME		MOTHER — first middle last (Maiden Name)	INFORMANT — NAME and relationship to deceased		
16 William Jackson Fields		17 Carrie — Meek	18 Mary M. Fields, wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY — NAME		LOCATION city or town state	
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY			
20a <i>[Signature]</i>		20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-719			
To be Completed by CERTIFYING PHYSICIAN Only		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH	
21a (Signature) <i>[Signature]</i>		21b June 12, 1986		21c 3:55 P.M.	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP			
21d Richard F. Kay, MD, 1905 Main Street, Klamath Falls, Oregon		97601			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR			
22a June 12, 1986		22b (Signature) <i>[Signature]</i>			
23 IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).		Interval between onset and death	
PART I (a) myocardial infarction					
(b) severe high vessel coronary artery disease					
(c)					
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
24 Asided CHF h/o P.E.		24 No		25 No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
26a No		26b	26c	26d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE	
26e No		26f	26g		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?			
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev.

STATE OF OREGON
COUNTY OF KLAMATHThis 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 *[Signature]*, Deputy RegistrarDate June 12, 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 16th day
of June A.D., 19 86 at 11:04 o'clock A M., and duly recorded in Vol. M86
of _____ Deeds on Page 10414.

FEE \$5.00

Return: Mary Fields

Box 105

Evelyn Biehn, County Clerk
By *[Signature]*

Klamath Falls, Oregon 97601