

62735

JUN 29 1986

ID TAG NO

125

Local File Number

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

Vol. M86 Page

10803

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

DISPOSITION

CERTIFIER

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

DECEASED - NAME		First	Middle	Last	State File Number	
Kenneth		James		NELSON	DATE OF DEATH (month, day, year) March 31, 1986	
RACE (specify)		White	SEX Male		AGE - Last birthday (years) 70	
CITY, TOWN OR LOCATION OF DEATH		Klamath Falls		DATE OF BIRTH (month, day, year) December 19, 1915		
HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		7b West Medical Center		IF HOSP. OR INST. Indicate DOA, OP/Emcy, Rm., Inpatient (specify) 7c Inpatient		COUNTY OF DEATH 7d Klamath
STATE OF BIRTH (If not in U.S.A., name country)		Minnesota		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Widowed
SOCIAL SECURITY NUMBER 13 543-10-2628		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Building Contractor		SPOUSE (IF MARRIED, WIDOWED) 11 Evelyn Mae Herron		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) 12 No
RESIDENCE - STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D. 15d 2611 Vermont Street		ZIP 97603
FATHER - NAME first middle last 16 Dave - Nelson		MOTHER - first middle last (Maiden Name) 17 Vivian - Wilkinson		INFORMANT - NAME and relationship to deceased 18 Eugene Nelson, son		Inside City Limit (specify yes or no) 15e No
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY - NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Oregon 97		
FUNERAL SERVICE LICENSEE or person acting as such (Sign) 20a William L. Harrison		NAME AND ADDRESS OF FACILITY 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-719		DATE SIGNED (Mo., Day, Year) 21b April 1, 1986		HOUR OF DEATH 21c 8:17 P. M.
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) Dave Seeley, MD		NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d Dave Seeley, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a APR 2 1986		REGISTRAR 22b (Signature) Emma E. Phillips				
PART I (a) CAROLINE cancer		(b) INFECTION myocardial infarction		(c) Coronary Heart Disease		Interval between onset and death Immediate 48 hrs. unknown
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		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	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO CITY OR TOWN STATE		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? 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. 1-

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 Emma E. Phillips Deputy RegistrarDate April 7, 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 _____ the _____ 20th day of June A.D. 19 86 at 12:56 o'clock P. M. and duly recorded in Vol. M86 of Deeds on Page 10803

FEE \$5.00

Ret: Emma E. Phillips

Evelyn Biehn, County Clerk

By Emma E. Phillips

2611 Vermont St., Klamath Falls, Oregon 97601