

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

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 LAST

CAUSE OF DEATH

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

State File Number
DECEASED - NAME: Ronald G. KINMARK
DATE OF DEATH (month, day, year): June 27, 1986
DATE OF BIRTH (month, day, year): September 17, 1910

1 RACE White, Black, American Indian, etc. (specify) White
2 SEX Male
3 AGE - Last birthday (years) 75
4 Under 1 year
5a mos. 5b days 5c hours 5d min.

6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls
7a HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) West Medical Center
7b IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) Inpatient
7c COUNTY OF DEATH Klamath
7d WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No

8 STATE OF BIRTH (If not in U.S.A., name country) North Dakota
9 CITIZEN OF WHAT COUNTRY U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
11 SPOUSE (IF MARRIED, WIDOWED) M. Olive Connell
12 KIND OF BUSINESS OR INDUSTRY Burlington Northern Railroad

13 SOCIAL SECURITY NUMBER 501-03-2447
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repair Maintenance Supervisor
14b STREET AND NUMBER OR R.F.D. 1836 Logan Street
14c ZIP 97603
15a RESIDENCE - STATE Oregon
15b COUNTY Klamath
15c CITY, TOWN OR LOCATION Klamath Falls
15d INSIDE CITY LIMITS (specify yes or no) No

16 FATHER - NAME first middle last Harvey - Kinmark
17 MOTHER - first middle last Mildred - Kindley
18 INFORMANT - NAME and relationship to deceased M. Olive Kinmark, wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial
19b CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens
19c LOCATION city or town state Klamath Falls, Oregon 97603

20a FUNERAL SERVICE LICENSE or person acting as such (Signature) William J. Davenport
20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194
20c DATE SIGNED (Mo., Day, Year) June 27, 1986
20d HOUR OF DEATH 2:04 A.M.

21a (Signature) Earle M. LeVernois
21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) June 30, 1986
22b REGISTRAR (Signature) Lorraine E. Cravens
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
(a) DUE TO, OR AS A CONSEQUENCE OF: Cordic-Arrip Failure
(b) DUE TO, OR AS A CONSEQUENCE OF: CVA
(c) DUE TO, OR AS A CONSEQUENCE OF: Generalized Arteriosclerosis
Interval between onset and death: Terminal
Interval between onset and death: 2 hrs
Interval between onset and death: Several yrs

24 AUTOPSY (Specify Yes or No) No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

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 STREET OR R.F.D. NO. CITY OR TOWN STATE

27 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
28 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
Deputy Registrar
Date June 30, 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 24th day
of July A.D., 19 86 at 2:30 o'clock P.M., and duly recorded in Vol. M86
of _____ on Page 12961
Deeds
Evelyn Biehn, County Clerk
By [Signature]
FEE \$5.00
Ret: Olive Kinmark 1836 Logan St., Klamath Falls, Oregon 97603