64657

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

Vol. M86 Page 14157

CERTIFICATE OF DEATH

State File Number

Local 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

1 DECEASED — NAME: First: HARVEY; Middle: COLLINS; Last: MARTIN

2 DATE OF DEATH (month, day, year): July 19, 1986

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 87; 5b Under 1 year (mos.); Under 1 day (days); 5c (hours, min.)

6 DATE OF BIRTH (month, day, year): April 16, 1899

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 6407 Harvey Drive

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify):

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U. S. A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): Violet

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 541 - 30 - 1283

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed - Retired

14b KIND OF BUSINESS OR INDUSTRY: Retail Merchant

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 1754 Kane Street ZIP 97603

15e Inside City Limits? (specify yes or no): No

16 FATHER — NAME first middle last: Isaac Harvey Martin

17 MOTHER — first middle last (Maiden Name): Wilhelmina Gerberding

18 INFORMANT — NAME and relationship to deceased: Ora Smith / Sister

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. Reed

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

CERTIFIER — To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): Blake Berven

21b DATE SIGNED (Mo., Day, Year): July 21, 1986

21c HOUR OF DEATH: 8:00 A M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601 ZIP:

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 24 1986

22b REGISTRAR (Signature): Katherine E. Cravens

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

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

PART I
(a) Pneumonia — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 2 Days
(b) Generalized atherosclerosis — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 15 Years
(c) — Interval between onset and death:

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

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

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)

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

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. 1-85

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 Katherine E. Cravens Deputy Regisrtar

Date July 24 1986

VOID IF ALTERED

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

CK, 5

AFTER RECORDING, RETURN TO:
H. F. Smith
540 Main Street
Klamath Falls, Oregon 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of August A.D., 19 86 at 4:10 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 14157. the 11th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____