CERTIFICATE OF DEATH

OREGON STATE HEALTH DIVISION / DEPARTMENT OF HUMAN RESOURCES

State File Number

DECEASED–NAME (first, middle, last)	ECHOLS GARLAND FORD
DATE OF DEATH (month, day, year)	February 27, 1986
SEX	Male
AGE–Last Birthday (years)	67
DATE OF BIRTH (month, day, year)	May 25, 1918
RACE–White, Black, American Indian, etc.	White
HOSPITAL OR OTHER INSTITUTION–NAME	Merle West Medical Center
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Emer. Room
COUNTY OF DEATH	Klamath
CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
STATE OF BIRTH	Texas
CITIZEN OF WHAT COUNTRY	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
SPOUSE (if married, widowed)	Maxine
WAS DECEDENT EVER IN U.S. ARMED FORCES?	Yes
SOCIAL SECURITY NUMBER	455 - 14 - 9957
USUAL OCCUPATION	Rancher
KIND OF BUSINESS OR INDUSTRY	Ranching
RESIDENCE–STATE	Oregon
COUNTY	Klamath
CITY, TOWN, OR LOCATION	Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP	1049 Merryman St. 97601
INSIDE CITY LIMITS	Yes
FATHER–NAME	Clarkie Echols Ford
MOTHER–NAME (Maiden Name)	Ettie Mae Drury
INFORMANT–NAME and relationship to deceased	Maxine Ford - Wife
BURIAL, CREMATION, REMOVAL (Specify)	Rem/ Burial
CEMETERY OR CREMATORY–NAME	Lakewood Memorial Park
LOCATION	Hughson, California
FUNERAL SERVICE LICENSEE (Signature)	Jim Lancaster
NAME AND ADDRESS OF FACILITY	WARD'S / 1945 Main St. / Klamath Falls, Ore. 9760[illegible]
CERTIFIER (Signature)	[signature]
DATE SIGNED	3/14/86
HOUR OF DEATH	10 : 29 A M
NAME AND ADDRESS OF CERTIFIER	F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Ore. 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
REGISTRAR (Signature)	Lorhuni E. Cramilo
DATE RECEIVED BY REGISTRAR	March 14, 1986
IMMEDIATE CAUSE (a)	Myocardial Infarction
DUE TO OR AS A CONSEQUENCE OF (b)	Arteriosclerotic Heart Disease
DUE TO OR AS A CONSEQUENCE OF (c)	
PART II OTHER SIGNIFICANT CONDITIONS	
AUTOPSY	No
WAS MEDICAL EXAMINER NOTIFIED	Yes
ACCIDENT	No
DATE OF INJURY / HOUR OF INJURY / DESCRIBE HOW INJURY OCCURRED / LOCATION / PLACE OF INJURY / INJURY AT WORK	
RESERVED FOR REGISTRAR'S USE	

ORIGINAL–VITAL STATISTICS COPY

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 [signature] Deputy Registrar

Date March 14, 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 12th day of August A.D., 19 86 at 11:24 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 14210.

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00

Ret: D. L. Hoots, 2261 South Sixth St., Klamath Falls, Oregon 97601