

CERTIFICATE OF DEATH

State of Oregon

1. DECEASED - NAME: **ECHOLS, CLARKIE**

2. DATE OF DEATH (month, day, year): **February 27, 1986**

3. RACE: **White**

4. SEX: **Male**

5. AGE (last birthday): **60**

6. DATE OF BIRTH (month, day, year): **May 25, 1918**

7. CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls**

8. HOSPITAL OR OTHER INSTITUTION - NAME: **Merle West Medical Center**

9. COUNTY OF DEATH: **Klamath**

10. STATE OF BIRTH (if not U.S.): **Texas**

11. CITIZEN OF WHAT COUNTRY: **U.S.A.**

12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): **Married**

13. SPOUSE (if married, widowed): **Maxine**

14. SOCIAL SECURITY NUMBER: **455-14-9957**

15. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): **Rancher**

16. KIND OF BUSINESS OR INDUSTRY: **Ranching**

17. RESIDENCE - STATE: **Oregon**

18. COUNTY: **Klamath**

19. CITY, TOWN OR LOCATION: **Klamath Falls**

20. STREET AND NUMBER OR R.F.D., ZIP: **1049 Merryman St. 97601**

21. FATHER NAME: **Clarkie Echols Ford**

22. MOTHER NAME: **Ettie Mae Drury**

23. INFORMANT - NAME and relationship to deceased: **Maxine Ford - Wife**

24. LOCATION: **Hughson, California**

25. BURIAL, CREMATION, REMOVAL (specify): **Rem/Burial**

26. CEMETERY OR CREMATORY - NAME: **Lakewood Memorial Park**

27. FUNERAL SERVICE LICENSEE (Signature): **Don Jancate**

28. NAME AND ADDRESS OF FACILITY: **WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601**

29. DATE SIGNED (Month, Day, Year): **3/14/86**

30. HOUR OF DEATH: **10:29 AM**

31. NAME AND ADDRESS OF CERTIFIER (Type or Print): **F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Ore. 97601**

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

33. DATE RECEIVED BY REGISTRAR (Month, Day, Year): **March 14, 1986**

34. REGISTRAR (Signature): **Richard E. Prunick**

35. IMMEDIATE CAUSE: **Myocardial Infarction**

36. DUE TO OR AS A CONSEQUENCE OF: **Arteriosclerotic Heart Disease**

37. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a)): **None**

38. ACCIDENT (Specify Yes or No): **No**

39. DATE OF INJURY (Month, Day, Year): **None**

40. HOUR OF INJURY: **None**

41. DESCRIBE HOW INJURY OCCURRED: **None**

42. LOCATION: **None**

43. STREET OR R.F.D. NO.: **None**

44. CITY OR TOWN: **None**

45. STATE: **None**

46. INJURY AT WORK (Specify Yes or No): **No**

47. PLACE OF INJURY - 24 home, farm, street, factory, other (Specify Yes or No): **None**

48. DATE OF INJURY (Month, Day, Year): **None**

49. HOUR OF INJURY: **None**

50. DESCRIBE HOW INJURY OCCURRED: **None**

51. LOCATION: **None**

52. STREET OR R.F.D. NO.: **None**

53. CITY OR TOWN: **None**

54. STATE: **None**

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458. CITY OR TOWN: **None**

459. STATE: **None**

460. INJURY AT WORK (Specify Yes or No): **No**

461. PLACE OF INJURY - 24 home, farm, street, factory, other (Specify Yes or No): **None**

462. DATE OF INJURY (Month, Day, Year): **None**

463. HOUR OF INJURY: **None**

464. DESCRIBE HOW INJURY OCCURRED: **None**

465. LOCATION: **None**

466. STREET OR R.F.D. NO.: **None**

467. CITY OR TOWN: **None**

468. STATE: **None**

469. INJURY AT WORK (Specify Yes or No): **No**

470. PLACE OF INJURY - 24 home, farm, street, factory, other (Specify Yes or No): **None**

471. DATE OF INJURY (Month, Day, Year): **None**

472. HOUR OF INJURY: **None**

473. DESCRIBE HOW INJURY OCCURRED: **None**

474. LOCATION: **None**

475. STREET OR R.F.D. NO.: **None**

476. CITY OR TOWN: **None**

477. STATE: **None**

478. INJURY AT WORK (Specify Yes or No): **No**

479. PLACE OF INJURY - 24 home, farm, street, factory, other (Specify Yes or No): **None**

480. DATE OF INJURY (Month, Day, Year): **None**

481. HOUR OF INJURY: **None**

482. DESCRIBE HOW INJURY OCCURRED: **None**

483. LOCATION: **None**

484. STREET OR R.F.D. NO.: **None**

485. CITY OR TOWN: **None**

486. STATE: **None**

487. INJURY AT WORK (Specify Yes or No): **No**

488. PLACE OF INJURY - 24 home, farm, street, factory, other (Specify Yes or No): **None**

489. DATE OF INJURY (Month, Day, Year): **None**

490. HOUR OF INJURY: **None**

491. DESCRIBE HOW INJURY OCCURRED: **None**

492. LOCATION: **None**

493. STREET OR R.F.D. NO.: **None**

494. CITY OR TOWN: **None**

495. STATE: **None**

496. INJURY AT WORK (Specify Yes or No): **No**

497. PLACE OF INJURY - 24 home, farm, street, factory, other (Specify Yes or No): **None**

498. DATE OF INJ