CERTIFICATION OF VITAL RECORD

64790

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

MTC #16861-P Vol. M86 Page 14373

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

427

Vital Records Unit

81-018675

Local File Number

State File Number

1. DECEDENT — NAME: First: JACOB; Middle: WILLIAM; Last: EGALITE
2. DATE OF DEATH (month, day, year): October 27, 1981
3. RACE (Specify): White
4. SEX: Male
5a. AGE (Last Birthday): 64
6. DATE OF BIRTH (month, day, year): October 31, 1916
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME: West Medical Center
7c. If Hosp or Nsg Indicate DOA, Clinic, Res, Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in USA): Ohio
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If Married, Widowed): Bernice
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 307-14-0201
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
14b. KIND OF BUSINESS OR INDUSTRY: Heating
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 2415 Eberlein St. 97601
15e. Inside City Limits (Specify yes or no): Yes
16. FATHER — NAME first middle last: Jacob Adison Egalite
17. MOTHER — Maiden Name first middle last: Molly Edwards Lanchart
18. INFORMANT — NAME and relationship to deceased: Bernice Egalite - Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, TRANSIT (Specify): Burial
19b. CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
19c. LOCATION (City or town, State): Klamath Falls, Oregon
20a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: [illegible]
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 976

CERTIFIER

To be Completed by Certifying Physician

21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated
21b. DATE SIGNED (Mo. Day Yr.): 10/27/81
21c. HOUR OF DEATH: 2:47 A M
21d. Signature: [illegible]
21e. NAME AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, MD / 2614 Clover / Klamath Falls, Oregon / 97601
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): NOV 2 1981
22b. REGISTRAR (Signature): [illegible]

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) DUE TO, OR AS A CONSEQUENCE OF: Acute Myocardial Infarction — Interval between onset and death: 36 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease — Interval between onset and death: 3 yrs
(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): No

26a. ACCIDENT, SUICIDE, HOMICIDE (Specify Yes or No): No
26b. DATE OF INJURY (Mo. Day Yr.)
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

FOR REGISTRAR'S USE ONLY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED: AUG 11 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 14th day of August A.D., 19 86 at 4:06 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 14373

FEE $5.00
Return: MTC

Evelyn Biehn, County Clerk
By _____