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12367
ID TAG NO.
388
Local File Number

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

CERTIFICATE OF DEATH

State File Number

1. DECEASED — NAME First: Arthur Middle: F. Last: THOMPSON
2. DATE OF DEATH (month, day, year): October 4, 1986
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 77
5b. Under 1 year mos. days
5c. Under 1 day hours min.
6. DATE OF BIRTH (month, day, year): September 15, 1909
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Klamath Convalescent Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): Montana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Ethel V. Hunter
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 518-03-4100
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Duty Mechanic
14b. KIND OF BUSINESS OR INDUSTRY: Bly Logging
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 4020 Kelley Drive ZIP 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first middle last: Louis - Thompson
17. MOTHER — first middle last (Maiden Name): Dorothea Louise Flotten
18. INFORMANT — NAME and relationship to deceased: Ethel V. Thompson, 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 LICENSEE or person acting as such (Signature): William F. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): Everett E Howard
21b. DATE SIGNED (Mo., Day, Year): October 6, 1986
21c. HOUR OF DEATH: 7:25 A M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon ZIP: 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 6 1986
22b. REGISTRAR (Signature): Katherine E Cravins

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

PART I
(a) ALZHEIMERS DISEASE, PROGRESSIVE — Interval between onset and death: 4 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(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): GENERALIZED ARTERIOSCLEROSIS
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: M
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

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. 1-86

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

By Katherine E Cravins, Deputy Regisrtar

Date October 6, 1986

SEAL

VOID IF ALTERED

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

D.O. 4020 Kelley Dr.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 6th day of October A.D., 19 86 at 4:17 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 18242.

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00