

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

Vol 1, day Page

12367
10 TAG NO.

388

Local File Number

State File Number

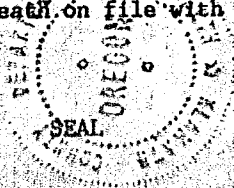
DECEASED - NAME First Middle Last Arthur F. THOMPSON		DATE OF DEATH (month, day, year) 2 October 4, 1986	
RACE White, Black, American Indian, etc. (specify) White	SEX Male	AGE - Last birthday (years) mos. days hours min. 5a 77 5b 5c 5d	DATE OF BIRTH (month, day, year) September 15, 1909
CITY, TOWN OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Klamath Convalescent Center	IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify) Inpatient	COUNTY OF DEATH Klamath
STATE OF BIRTH (If not in U.S., name country) Montana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) Ethel V. Hunter
SOCIAL SECURITY NUMBER 518-03-4100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Duty Mechanic	KIND OF BUSINESS OR INDUSTRY Bly Logging	WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No
RESIDENCE - STATE Oregon	COUNTY Klamath	CITY, TOWN OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. 4020 Kelley Drive
FATHER - NAME first middle last Louis - Thompson	MOTHER - first middle last (Maiden Name) Dorothea Louise Flotten	INFORMANT - NAME and relationship to deceased Ethel V. Thompson, wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	LOCATION city or town state Klamath Falls, Oregon 97603	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) William F. Davenport	NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-7194		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 21a (Signature) Everett E. Howard		DATE SIGNED (Mo., Day, Year) October 6, 1986	HOUR OF DEATH 7:25 A.M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon		ZIP 97601	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) OCT 6 1986		REGISTRAR Thomas E. Cravink	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)			
(a) ALZHEIMER'S DISEASE, PROGRESSIVE		Interval between onset and death 7 years	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
24 AUTOPSY (Specify Yes or No) No		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Mo., Day, Year) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	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 **Thomas E. Cravink**, Deputy Registrar

Date **October 6, 1986**

VOID IF ALTERED

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

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. **MS6** of _____ on Page **18242**.

FEE \$5.00

Evelyn Biehn, County Clerk
By **Tom Smith**