OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number: 383

State File Number

DECEDENT

1 DECEASED — NAME: First: Lawrence; Middle: Edward; Last: KEELEY

2 DATE OF DEATH (month, day, year): September 29, 1986

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 68

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): March 26, 1918

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Klamath Co. 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): North Dakota

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ruth M. Keeley

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 554-03-8566

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor: Cement Contracting

14b KIND OF BUSINESS OR INDUSTRY: Construction

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Chiloquin

15d STREET AND NUMBER OR R.F.D.: HC 30, Box 1000 ZIP 97624

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: John - Keeley

17 MOTHER — first middle last (Maiden Name): Willaminia - Kemmesat

18 INFORMANT — NAME and relationship to deceased: Ruth M. Keeley, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature) [signature] M.D.

21b DATE SIGNED (Mo., Day, Year): Sept. 30, 1986

21c HOUR OF DEATH: 6:30 P. M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)

21d Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Ore. 97601

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

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 30 1986

22b REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

PART I (a) ANTERIOR MYOCARDIAL INFARCTION — Interval between onset and death: 4 weeks

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): CHF, HYPERTENSION

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Year)

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)

28g 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 [signature] Deputy Registrar

Date September 30, 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 _____ of October A.D., 19 86 at 2:18 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 19164 the 21st day

FEE $5.00

Ret: Ruth Keeley, HC 30, Box 1000, Chiloquin, Oregon 97624

Evelyn Biehn, County Clerk

By [signature]