OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

67519

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'86 OCT 29 AM 9 44

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

85-023111

Local File Number 534

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 02

DECEDENT

DECEASED—NAME: First George; Middle; Last MAY

1 RACE (White, Black, American Indian, etc. (Specify)): White

3 SEX: Male

4 AGE—Last Birthday (years): 66

5a Under 1 year: mos. / days

5b Under 1 day: hours / min.

5c

2 DATE OF DEATH (month, day, year): December 18, 1985

6 DATE OF BIRTH (month, day, year): October 25, 1919

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

7c If Hosp or Inst indicate DOA (Dead on Arrival), Emer. Rm., Inpatient (Specify): Emer. Rm.

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): New York

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Eleanor May

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 103-10-4188

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Research Engineer 05932

14b KIND OF BUSINESS OR INDUSTRY: Defense

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Keno

15d STREET AND NUMBER OR R.F.D., ZIP: Box 501 97627

15e Inside City Limits? (Specify Yes or No): No

16 FATHER—NAME (first, middle, last): George May

17 MOTHER—NAME (first, middle, last, (Maiden Name)): Wilamena Heck

18 INFORMANT—NAME and relationship to deceased: Eleanor May, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION (city or town, state): Klamath Falls, Oregon 97601

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

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): Mark S. Kochevar MD

21b DATE SIGNED (Mo. Day Yr.): December 19, 1985

21c HOUR OF DEATH: 8:07 PM

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Mark M. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon 97601

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

21e DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): DEC 19 1985

22a REGISTRAR (Signature): Catherine E. Cravitz

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) Cardiac arrhythmia — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF (b) Coronary artery disease — Interval between onset and death: yrs

DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic heart disease — Interval between onset and death: yrs

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Diabetes mellitus, hypertension

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 Yr.)

26c HOUR OF INJURY

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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 12 83

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 29 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 28th day of October A.D., 19 86 at 9:44 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 19481.

Evelyn Biehn, County Clerk
By _____

FEE $5.00

Return: Eleanor May Box 501, Keno, Oregon 97627