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B-2573 ID TAG NO. 426 Local File Number

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

Vol. M86 Page 20309

CERTIFICATE OF DEATH
ORS — 146

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First: Ross; Middle: L.; Last: RAGLAND
2 DATE OF DEATH (month, day, year): November 6, 1986
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 70
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): December 3, 1915
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Emer. Rm.
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Canada
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Marie-Ragland
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13 SOCIAL SECURITY NUMBER: 710-03-4931
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
14b KIND OF BUSINESS OR INDUSTRY: Klamath Cold Storage
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 1425 Pacific Terrace ZIP 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME first middle last: Ulysses S. Ragland
17 MOTHER — first middle last (Maiden Name): Stella Van Dusen
18 INFORMANT — NAME and relationship to deceased: Marie-Ragland, 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, Oregon
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Merle Ole
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601

CERTIFIER

CERTIFICATION — MEDICAL EXAMINER
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:
21a DEATH OCCURRED (Hour): 10:38 A.M.
21b THE DECEASED WAS PRONOUNCED DEAD Month: November Day: 6 Year: 1986 Hour: 10:38 A.M.
21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21d CERTIFIER (Signature): Robert Jamison M.D.
21e NAME AND TITLE — (Type or Print): Robert E. Jamison, M.D.
21f MEDICAL EXAMINER For: Klamath County
21g DATE SIGNED (Month, Day, Year): November 6, 1986
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): November 7, 1986
22b REGISTRAR (Signature): Darlene E. Cravens

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) Arteriosclerotic Heart Disease — Interval between onset and death: 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)

25a DATE OF INJURY (Month, Day, Year)
25b HOUR
25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)
24 AUTOPSY (Specify Yes or No): Yes
25d INJ. AT WORK (Specify Yes or No)
25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
25f LOCATION (Street or R.F.D. No., City or Town, County, 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 45-107 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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Darlene E. Cravens Deputy Registrar

Date November 7, 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 7th day of November A.D., 19 86 at 2:37 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 20309.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Marie Ragland 1425 Pacific Terrace, Klamath Falls, Oregon 97601