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12375

ID TAG NO

433

Local File Number

STATE OF OREGON  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit

Vol. M86 Page 22872

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

## DECEDENT

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

## DISPOSITION

1  
2  
3

## CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH4  
5  
6

DECEASED - NAME

First

Middle

Last

Roy

Cecil

RINEHART

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

SEX

White

Male

AGE - Last birthday (years)

83

Under 1 year  
mos. daysUnder 1 day  
hours min.DATE OF DEATH (month, day, year)  
November 12, 1986DATE OF BIRTH (month, day, year)  
April 15, 1903

State File Number

CITY, TOWN OR LOCATION OF DEATH

Klamath Falls

HOSPITAL OR OTHER INSTITUTION - NAME  
(If not in either, give street and number)

Mountain View Care Center

STATE OF BIRTH (If not in U.S.A.,  
name country)

Idaho

CITIZEN OF WHAT COUNTRY

U.S.A.

MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (specify)

Widowed

IF HOSP OR INST. Indicate DOA,  
OP/emer. Rm., inpatient (specify)

Inpatient

SPOUSE (IF MARRIED, WIDOWED)

Estelle Luscombe

COUNTY OF DEATH

Klamath

SOCIAL SECURITY NUMBER

541-09-8953

USUAL OCCUPATION (Give kind of work done during most of  
working life, even if retired)

Car Salesman

RESIDENCE - STATE

Oregon

COUNTY

Klamath

CITY, TOWN OR LOCATION

Klamath Falls,

STREET AND NUMBER OR R.F.D.

3339 Crest Street

ZIP

97603

KIND OF BUSINESS OR INDUSTRY

Retail Business

FATHER - NAME

Loren

MOTHER - first middle last

Elizabeth

CITY, TOWN OR LOCATION

Klamath Falls,

STREET AND NUMBER OR R.F.D.

3339 Crest Street

ZIP

97603

INFORMANT - NAME and relationship to deceased

Ann Rinehart, Daughter-in-law

LOCATION

Klamath Falls, Oregon

Inside City Limits  
(specify yes or no)

Yes

BURIAL, CREMATION,  
REMOVAL, MAUS. (specify)

Burial

CEMETERY OR CREMATORY - NAME

Eternal Hills Memorial Gardens

NAME AND ADDRESS OF FACILITY

6420 South Sixth Street,  
Davenport's Chapel of the Good Shepherd,  
Klamath Falls, Oregon 97603-7194FUNERAL SERVICE LICENSEE or person acting as such  
(Signature)

William F. Navarrete

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

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

Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601

DATE RECEIVED BY REGISTRAR (Mo., Day, Year)

NOV 12 1986

REGISTRAR

22a (Signature) M. Ackerman

PART I IMMEDIATE CAUSE

(a) CORPUS CALT

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No)

No

DATE OF INJURY (Mo., Day, Year)

26b

HOUR OF INJURY

26c

PLACE OF INJURY - At home, farm, street, factory,  
office building, etc. (Specify)

26d

DESCRIBE HOW INJURY OCCURRED

26e

AUTOPSY (Specify Yes or No)

No

WAS MEDICAL EXAMINER NOTIFIED  
(Specify Yes or No)

No

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?

YES NO N/A

RESERVED FOR REGISTRAR'S USE

WAS GIFT MADE?  
YES NO N/A

## ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON  
COUNTY OF KLAMATHThis 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 William F. Navarrete Deputy Registrar  
Date November 12, 1986NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES  
VOID IF ALTEREDSTATE OF OREGON: COUNTY OF KLAMATH: ss.  
Filed for record at request of December  
of December A.D., 19 86 at 3:07 o'clock P M., and duly recorded in Vol. M86  
of Deeds on Page 22872

FEE

\$5.00

Return: Glen Rinehart  
332 Front St., Klamath Falls, Oregon 97601By Evelyn Biehn County Clerk  
Ann Smith