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ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vol. M86 Page 22930

323
Local File NumberVital Records Unit
CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 Della		E.		BEEGLE				2 August 13, 1986	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Female		5a 94		5b 5c 5d		6 June 17, 1892	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HCSP. OR INST. Indicate DOA, OP/Emar. Rm., Inpatient (specify)		COUNTY OF DEATH			
7a Klamath Falls		7b Klamath Convalescent Center		7c Inpatient		7d Klamath			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWER)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Indiana		9 U.S.A.		10 Widowed		11 Otto Beegle		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 533-38-4752		14a School Teacher		14b Education					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d 2246 Lindley Way		97601	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased					
16 Charles - Peugh		17 Rachel Ann Wilson		18 Delmar A. Beegle, son					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a William F. Alving		20b 6420 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		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) Everett E. Howard		21b August 15, 1986		21c 10:00 P.M.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)									
21d Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon		ZIP: 97601							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a AUG 19 1986		22b (Signature) Katherine E. Cravink							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))									
PART I (a) MYOCARDIAL INFARCTION								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death	
(b)								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death	
(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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
23a No		24 No		25 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c M		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
26e No		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

AFTER RECORDING RETURN TO: MOLLIE BEEGLE

4340 Summers Lane

STATE OF OREGON Klamath Falls, OR 97603

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 Katherine E. Cravink Deputy Registrar

Date December 14, 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 12th day
of December A.D., 19 86 at 11:13 o'clock A.M., and duly recorded in Vol. M86
of Deeds on Page 22930.

FEE \$3.00

Evelyn Biehm, County Clerk
By _____