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ID TAG NO.

473

Local File Number

DEC 19 1986

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

Vol. M86 Page 23500

State File Number

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
REPRODUCTIONS
SEE
INSTRUCTIONS
BOOK

IDENT

DEATH
OCCURRED IN
HOSPITAL
AND BOOK
RECORDING
LETION OF
VITAL RECORDS

POSITION

CERTIFIER

CONDITIONS

IF ANY
CH GAVE
USE TO
MEDIATE
CAUSE
FINDING THE
DEATHUSE OF
DEATH

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
Chris		Nelson		DALBY				2 December 17, 1986	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 66		5b mos. 5c days		5d hours 5e min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP/Emr. Rm., Inpatient (specify)		COUNTY OF DEATH			
7a Klamath Falls		7b 3226 Patterson St.		7c -		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, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Illinois		9 U.S.A.		10 Married		11 Betty E. Dalby		12 Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 358-10-3969		14a Diesel Mechanic/Shop Owner		14b Heavy Equipment Repair					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d 3226 Patterson St.		97603	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased		LOCATION city or town		state	
16 Nels P. Dalby		17 Anna Marie Greve		18 Betty E. Dalby, Wife		19c Klamath Falls, Ore.			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME							
19a Cremation		19b Klamath Cremation Service							
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a Mike O'Hair		20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore							
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) Earle M. LeVernois		21b December 18, 1986		21c 4:15 P.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP							
21d Earle M. LeVernois, M.D., 2628 Campus Dr., Klamath Falls, Ore.		97601							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a December 18, 1986		22b (Signature) Katherine E. Cravink							
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death							
PART I (a) Cardiac Pump Failure		Interval between onset and death							
(b) Heart Failure		Interval between onset and death							
(c) Primary Ed of Colon		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)					
		24 No		25 Yes					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a		26b		26c		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		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?							
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>							
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 Katherine E. Cravink Deputy Registrar

Date December 18, 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 19th day of December A.D., 19 86 at 11:14 o'clock A.M., and duly recorded in Vol. M86 of Deeds on Page 23500.

FEE \$5.00

Evelyn Biehn

By

County Clerk

Bernetha A. Helsch