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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vol. M87 Page

1320

09743
ID TAG NO.

17

Vital Records Unit
CERTIFICATE OF DEATH

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

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

1 DECEASED - NAME First Middle Last HAROLD ARTHUR TEALE		2 DATE OF DEATH (month, day, year) January 9, 1987	
3 RACE White (specify)		4 SEX Male	
5a AGE - Last birthday (years) 86		5b Under 1 year mus. days	
6 May 26, 1900 DATE OF BIRTH (month, day, year)		7c Inpatient IF HOSP OR INST Indicate DOA, OP/Emer. Rm. Inpatient (specify)	
7a Klamath Falls CITY, TOWN OR LOCATION OF DEATH		7b Merle West Medical Center HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)	
8 Oregon STATE OF BIRTH (If not in U.S.A., name country)		9 U.S.A. CITIZEN OF WHAT COUNTRY	
10 Widowed MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 Pearl Alma SPOUSE (IF MARRIED, WIDOWED)	
12 Yes WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)		13 542-16-2940 SOCIAL SECURITY NUMBER	
14 Teacher - Ret. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14b Education - Public Schools KIND OF BUSINESS OR INDUSTRY	
15a Oregon RESIDENCE - STATE		15b Klamath COUNTY	
15c Klamath Falls CITY, TOWN OR LOCATION		15d 1935 Auburn STREET AND NUMBER OR R.F.D.	
15e Yes Inside City Limits (specify yes or no)		15f 97601 ZIP	
16 Jay Clarke Teale FATHER - NAME first middle last		17 Louella James MOTHER - first middle last (Maiden Name)	
18 Patricia Meyer / Daughter INFORMANT - NAME and relationship to deceased		19a Burial BURIAL, CREMATION, REMOVAL, MAUS. (specify)	
19b Klamath Memorial Park CEMETERY OR CREMATORY - NAME		19c Klamath Falls, Oregon LOCATION city or town state	
20a <i>[Signature]</i> FUNDRAISING LICENSEE or person acting as such (Signature)		20b Hard's Funeral Home / 1945 Main St. / Klamath Falls, Ore. 97601 NAME AND ADDRESS OF FACILITY	
21a <i>[Signature]</i> NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21b 1/12/87 DATE SIGNED (Mo./Day, Year)	
21c 5:24 A. M. HOUR OF DEATH		21d F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Ore. 97601 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22a <i>[Signature]</i> REGISTRAR	
23 IMMEDIATE CAUSE (a) Acute Myocardial Infarct DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD DUE TO, OR AS A CONSEQUENCE OF: (c) INTERVAL BETWEEN ONSET AND DEATH 7 ds. 15 yrs.		24 No AUTOPSY (Specify Yes or No)	
25 No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		26a No INJURY AT WORK (Specify Yes or No)	
26b DATE OF INJURY (Mo., Day, Year)		26c HOUR OF INJURY	
26d M DESCRIBE HOW INJURY OCCURRED		26e PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)	
26f LOCATION		26g STREET OR R.F.D. NO	
26h CITY OR TOWN		26i STATE	
26j DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		26k WAS GIFT MADE?	
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		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. 6-85

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 *[Signature]* Deputy RegistrarDate *[Signature]* 1/14/1987

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 January the 27th day
of January A.D., 19 87 at 11:38 o'clock A M., and duly recorded in Vol. M87
of Deeds on Page 1320

FEE \$5.00

Ret: George H. Proctor
Proctor & Fairclo

Evelyn Blehn, County Clerk

By *[Signature]*
280 Main St., Klamath Falls, Oregon 97601