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Vol. M87 Page 2253

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

CERTIFICATE OF DEATH

P 2919 — ID TAG NO.
359 — Local File Number
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 / Middle / Last)	Richard / Arthur / GRIFFITH	2 DATE OF DEATH (month, day, year)	September 14, 1986
3 RACE White, Black, American Indian, etc. (specify)	White	4 SEX	Male
5a AGE — Last birthday (years)	84	5b Under 1 year: mos. / days	
5c Under 1 day: hours / min.		6 DATE OF BIRTH (month, day, year)	July 6, 1902
7a CITY, TOWN OR LOCATION OF DEATH	Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	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)	Washington	9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11 SPOUSE (IF MARRIED, WIDOWED)	Freda Petersen
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	No		
13 SOCIAL SECURITY NUMBER	543-10-1430	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Blacksmith
14b KIND OF BUSINESS OR INDUSTRY	Weyco		
15a RESIDENCE — STATE	Oregon	15b COUNTY	Klamath
15c CITY, TOWN OR LOCATION	Klamath Falls	15d STREET AND NUMBER OR R.F.D. / ZIP	3239 Altamont Drive 97603
15e Inside City Limits (specify yes or no)	No		
16 FATHER — NAME first middle last	Richard - Griffith, Sr	MOTHER — first middle last (Maiden Name)	Elizabeth - Wallace
18 INFORMANT — NAME and relationship to deceased	Freda E. Griffith, wife		

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation/burial	19b CEMETERY OR CREMATORY — NAME	Eternal Hills Memorial Gardens
19c LOCATION city or town state	Klamath Falls, Oregon 97		
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature)	William F. Davenport	20b NAME AND ADDRESS OF FACILITY	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature)	W A Bartlett	21b DATE SIGNED (Mo., Day, Year)	September 15, 1986
21c HOUR OF DEATH	5:17 A M		

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): William A. Bartlett, MD, 2300 Clairmont, Klamath Falls, Oregon ZIP: 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): A. B. Glidden, MD, Emer. Rm., West Medical Center, 2865 Daggett St., Klamath Falls, Oregon 97601

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	SEP 17 1986	22b REGISTRAR (Signature)	Katherine E. Cravens

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)	Acute Myocardial Infarction	Interval between onset and death: 1 hour
(b) DUE TO, OR AS A CONSEQUENCE OF:	Coronary Atherosclerosis	Interval between onset and death: 4 years
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)	Diabetes Type II; Chronic Lung Disease	24 AUTOPSY (Specify Yes or No): No; 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED		
26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	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

45-2 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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cravens, Deputy Registrar

Date September 26, 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 11th day of February A.D., 19 87 at 2:12 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 2253.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Return: Freda Griffith 3239 Altamont Dr., Klamath Falls, Oregon 97603