CERTIFICATION OF VITAL RECORD

'87 FEB 23 AM 9 OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION Vol. M87 Page 2802

71622 MC 17711

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

CERTIFICATE OF DEATH
ORS - 146

Local File Number: 420
State File Number: 84-019755

DECEDENT

1. DECEASED — NAME: JACK ELMER ARGETSINGER
2. DATE OF DEATH (MONTH, DAY, YEAR): November 10,1984
3. RACE: White
4. SEX: Male
5a. AGE — LAST BIRTHDAY (YEARS): 40
5b. UNDER 1 YEAR — MOS.
5c. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): January 16, 1944
7a. CITY, TOWN, OR LOCATION OF DEATH: Chemult
7b. HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET & NO.): Mile Post 80.3 Highway # 58
7c. IF HOSP. OR INST., INDICATE WHETHER DOA, OR OPD, OR IMPATIENT (SPECIFY): No
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Wisconsin
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SPOUSE (IF MARRIED, WIDOWED): Paula J.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
13. SOCIAL SECURITY NUMBER: 544-42-9786
14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Mill Worker
14b. KIND OF BUSINESS OR INDUSTRY: Lumber Industry
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 4524 Sturdivant Street
15e. ZIP: 97603
15f. INSIDE CITY LIMITS? (SPECIFY YES OR NO): No
16. FATHER — NAME FIRST MIDDLE LAST: John -Argetsinger
17. MOTHER FIRST MIDDLE LAST (MAIDEN NAME): Doris - Brooks
18. INFORMANT — NAME AND RELATIONSHIP TO DECEASED: Paula J. Argetsinger - wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial
19b. CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Park
19c. LOCATION — CITY OR TOWN, STATE: Klamath Falls,Oregon
20a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH — SIGNATURE: Mike Ole
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel,515 Pine St.,Klamath Falls,Ore.97601

CERTIFIER — MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:
21a. DEATH OCCURRED (HOUR): 9:30 A.M.
21b. THE DECEDENT WAS PRONOUNCED DEAD — MONTH, DAY, YEAR, HOUR: November 10, 1984 10:06A.M.
21c. FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21d. CERTIFIER — NAME (TYPE OR PRINT): Robert E. Jamison
21e. DEGREE OR TITLE: M.D.
21f. CERTIFIER — SIGNATURE: Robert E. Jamison
21g. DATE SIGNED (MONTH, DAY, YEAR): November 10, 1984
21h. MEDICAL EXAMINER FOR: Klamath COUNTY

22a. DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): NOV 13 1984
22b. REGISTRAR — SIGNATURE: Catherine E. Crawford

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

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c).)
PART I (a) Multiple Traumatic Injuries — INTERVAL BETWEEN ONSET AND DEATH: Moments
(b) DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
(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). Severe end stage arteriosclerotic heart disease
24. AUTOPSY (SPECIFY YES OR NO): No
25a. DATE OF INJURY (MONTH, DAY, YEAR): November 10,1984
25b. HOUR: 9:30 A.M.
25c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Passenger in V.W. Van that hit another vehicle
25d. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Highway
25e. LOCATION (STREET OR R.F.D. NO. OR TOWN, COUNTY, STATE): Mile Post 80.3,Highway # 58,Chemult,Oregon
25f. INJ. AT WORK (SPECIFY YES OR NO): No

RESERVED FOR REGISTRAR'S USE

45-107 REV 12-83

ORIGINAL - VITAL STATISTICS COPY

After Recording
Return to:
Paula Weathers
4524 Sturdivant
City 97603

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED APR 11 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 23rd day of February A.D., 19 87 at 9:19 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 2802.

FEE $5.00

Evelyn Biehn, County Clerk
By _____