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07422 ID TAG NO. 97 Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
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

1 DECEASED — NAME: First DARREL Middle EUGENE Last MARRISON

2 DATE OF DEATH (month, day, year): March 8, 1987

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 56

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): February 9, 1931

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Margie

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 443 - 28 - 2147

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Sergeant / Ret.

14b KIND OF BUSINESS OR INDUSTRY: U. S. Air Force

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 1821 Etna

ZIP: 97603

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: David Marrison

17 MOTHER — first middle last (Maiden Name): Ella Stafford

18 INFORMANT — NAME and relationship to deceased: Margie Marrison / Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or. - 97601

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): Brian E. Koester MD

21b DATE SIGNED (Mo., Day, Year): 3/9/87

21c HOUR OF DEATH: 1:15 A M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Brian E. Koester, MD / 2850 Daggett Street / Klamath Falls, Or 97601 ZIP

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAR 9 1987

22b REGISTRAR (Signature): Katherine E. Counts

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I

(a) Advanced metastatic Renal Carcinoma — Interval between onset and death: 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(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)

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

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. 1-8

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. Counts, Deputy Registrar

Date March 9, 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 _____ of March A.D., 19 87 at 2:57 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 3875 the 10th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Return: Margie Marrison 1821 Etna Klamath Falls, Oregon 97603