72302 Vol M87 Page 4037

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

CERTIFICATE OF DEATH

*87 ID VAS No. 13 AM 11 32

95 Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First Don; Middle H.; Last KEESEE

2 DATE OF DEATH (month, day, year): March 7, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 75; 5b Under 1 year (mos. / days); 5c Under 1 day (hours / min.)

6 DATE OF BIRTH (month, day, year): August 22,1911

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): Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Wilma Berry

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

13 SOCIAL SECURITY NUMBER: 495-05-9024

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman

14b KIND OF BUSINESS OR INDUSTRY: Pioneer Tabacco Company

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 3916 Homedale Road ZIP 97603

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

16 FATHER — NAME first middle last: John T. Keesee

17 MOTHER — first middle last (Maiden Name): Minnie - Moore

18 INFORMANT — NAME and relationship to deceased: Wilma M. Keesee, wife

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Haven of Rest Mausoleum, South Faith Terrace, Eternal Hills Mem.Gdns

19c LOCATION city or town state: Klamath Falls, Ore 97603

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):

21b DATE SIGNED (Mo., Day, Year): March 9, 1987

21c HOUR OF DEATH: 6:45 P.M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon ZIP: 97601

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

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

22b REGISTRAR (Signature)

CAUSE OF DEATH

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

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

		Interval between onset and death
23 IMMEDIATE CAUSE		
(a)	Acute M.I.	5 minutes
DUE TO, OR AS A CONSEQUENCE OF:		
(b)	ASHD	unknown
DUE TO, OR AS A CONSEQUENCE OF:		
(c)	Recent CVA	2 months

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): UTI with sepsis

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	26d DESCRIBE HOW INJURY OCCURRED
No		M	

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
No				

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

45-2 Rev. 6-86

ORIGINAL--VITAL STATISTICS COPY

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.

OREGON SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By _____, Deputy Registrar

Date MAR 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 Wilma Keesee the 13th day of March A.D., 19 87 at 11:32 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 4037.

Evelyn Biehn, County Clerk
By _____

FEE $5.00

Ret: Wilma Keesee 3916 Homedale Rd., Klamath Falls, Oregon 97603