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

CERTIFICATE OF DEATH

Local File Number 46

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEASED — NAME: First: Michael; Middle: (NMI); Last: FOLEY

1 BLACK White, Black, American Indian, etc. (specify): White
3 SEX: Male
4 AGE — Last Birthday (Years): 5a 81; Under 1 year: 5b months, days; Under 1 day: 5c hours, min
2 DATE OF DEATH (month, day, year): March 18, 1987
6 DATE OF BIRTH (month, day, year): December 12, 1905
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Rt 5 Box 1100
7c IF HOSP OR INST: Indicate DOA, OP/Emer Rm., Inpatient (specify): —
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Ireland
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Vivian Colvin
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 543-18-6678
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Foreman
14b KIND OF BUSINESS OR INDUSTRY: Agriculture
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: Rt 5 Box 1100
ZIP: 97601
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Simon — Foley
17 MOTHER — first middle last (Maiden Name): Mary • — Linehan
18 INFORMANT — NAME and relationship to deceased: Vivian N. Foley, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS (specify): Cremation/burial
19b CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory/ Butler Cemetery
19c LOCATION city or town, state: Klamath Falls, Or/Aumsv
20a FUNERAL SERVICE LICENSEE (Signature) or person acting as such: William F. Davenport
20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-719

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): [signature]
21b DATE SIGNED (Mo., Day, Year): March 18, 1987
21c HOUR OF DEATH: 1:30 A.M.
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Derven, 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 19 1987
22b REGISTRAR (Signature): [signature]

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 (a), (b) AND (c).)
PART I (a) Respiratory failure — Interval between onset and death: 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Severe asthmatic bronchitis — Interval between onset and death: 20 years
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Rheumatoid arthritis- lifetime — Interval between onset and death

24 ACCIDENT (Specify Yes or No): No — 26a DATE OF INJURY (Mo., Day, Year) — 26b HOUR OF INJURY — 26c DESCRIBE HOW INJURY OCCURRED
AUTOPSY (Specify Yes or No): 24 No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
INJURY AT WORK (Specify Yes or No): No — 26d PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) — 26f LOCATION — STREET OR R.F.D. NO — CITY OR TOWN — STATE

26g HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐
27 RESERVED FOR REGISTRAR'S USE

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics
By [signature], Deputy Registrar
Date March 18, 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 11:44 o'clock A.M., and duly recorded in Vol. M87 of Deeds on Page 4715 the 23rd day

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Ret: Vivian Foley Rt. 5, Box 1100, Klamath Falls, Oregon 97601