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

CERTIFICATE OF DEATH

00645 ID TAG NO. 161 Local File Number

State File Number

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

DECEDENT

1 DECEASED — NAME: First: Alvey; Middle: Lloyd; Last: MOCK

2 DATE OF DEATH (month, day, year): April 11, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 74

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 1, 1913

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 3926 Coronado Way

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): Oklahoma

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Elsie M. Mock

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

13 SOCIAL SECURITY NUMBER: 543-10-1419

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

14b KIND OF BUSINESS OR INDUSTRY: Lumber

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 3926 Coronado Way ZIP: 97603

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

16 FATHER — NAME first middle last: William Mock

17 MOTHER — first middle last (Maiden Name): Lennie Bell Fenters

18 INFORMANT — NAME and relationship to deceased: Elsie M. Mock, Wife

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

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

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

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

DISPOSITION

1 ____
2 ____
3 ____

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] M.D.

21b DATE SIGNED (Mo., Day, Year): April 13, 1987

21c HOUR OF DEATH: 4:45 A. M

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

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): APR 13 1987

22b REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

PART I

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

4 (a) Severe anemia — Interval between onset and death: 24 hours

5 DUE TO, OR AS A CONSEQUENCE OF:

(b) Metastatic colon carcinoma — Interval between onset and death: 2 years

6 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)

24 AUTOPSY (Specify Yes or No): No

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

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

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.

DEPARTMENT OF HEALTH SEAL OREGON

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date April 14, 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 Elsie M. Mock on the 23rd day of April A.D., 19 87 at 2:28 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 6885.

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00

Ret: Elsie Mock 3926 Coronado Way, Klamath Falls, Oregon 97603