ID TAG NO. PM 12 13 — Vol. M87 Page 7979

Local File Number 178

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

CERTIFICATE OF DEATH
ORS 146

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: Kenneth; Middle: L.; Last: SMITH			2 DATE OF DEATH (month, day, year): April 25, 1987
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 69; Under 1 year: mos. days; Under 1 day: hours min.	6 DATE OF BIRTH (month, day, year): August 6, 1917
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): Emer. Rm.	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): Velma
13 SOCIAL SECURITY NUMBER: 570-12-9448	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman	14b KIND OF BUSINESS OR INDUSTRY: Real Estate	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
15a RESIDENCE — STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN OR LOCATION: Keno	15d STREET AND NUMBER OR R.F.D.: P.O. Box 218 ZIP: 97627
16 FATHER — NAME first middle last: Alva L. Smith	17 MOTHER — first middle last (Maiden Name): Curtis - Jones	18 INFORMANT — NAME and relationship to deceased: Velma Smith, wife	15e Inside City Limits (specify yes or no): No

DISPOSITION

1 ____
2 ____
3 ____

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	CEMETERY OR CREMATORY — NAME: 19b Keno Cemetery	LOCATION city or town state: 19c Keno, Oregon 97627
FUNERAL SERVICE LICENSEE or person acting as such (Signature): 20a William F Davenport	NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97604-7194	

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): 4:28 P M	21b THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour: April 25, 1987 4:28 P M	21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21d CERTIFIER (Signature): Robert N Edwards MD		21e NAME AND TITLE — (Type or Print): Robert N. Edwards, MD
21f MEDICAL EXAMINER For: Klamath County		21g DATE SIGNED (Month, Day, Year): April 28, 1987
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): April 29, 1987	22b REGISTRAR (Signature): Katherine E. Cravens	

CAUSE OF DEATH

4 ____
5 ____
6 ____

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) Atherosclerotic Heart Disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Myocardial Infarction, probable — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Congestive Heart Failure — Interval between onset and death:

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

DATE OF INJURY (Month, Day, Year) 25a	HOUR 25b	HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23) 25c	AUTOPSY (Specify Yes or No) 24: No
INJ. AT WORK (Specify Yes or No) 25d	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25e	LOCATION (Street or R.F.D. No., City or Town, County, State) 25f	

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 — 45-107 Rev. 1-86

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. Cravens, Deputy Registrar

Date April 30, 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 Velma Smith of May A.D., 19 87 at 12:13 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 7979.

the 11th day

FEE $5.00

Ret: Velma Smith Box 218 Keno, Oregon 97627

Evelyn Biehn, County Clerk
By Ann Smith