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

Vol. M87 Page 10270

ID TAG NO. A 2315

Local File Number 231

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

1. DECEASED — NAME: First: Elwood; Middle: W.; Last: CARTER
2. DATE OF DEATH (month, day, year): June 10, 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): December 9, 1911
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 1100 Eldorado Blvd.
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Residence
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Clarissa N. Carter
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): No
13. SOCIAL SECURITY NUMBER: 712-18-6568
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Area Sales Manager
14b. KIND OF BUSINESS OR INDUSTRY: Burlington Northern Railroad
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 1100 Eldorado Blvd. ZIP: 97601
15e. Inside City Limits (Specify yes or no): Yes
16. FATHER — NAME (first, middle, last): William - Carter
17. MOTHER — NAME (first, middle, last) (Maiden Name): Rose - Wells
18. INFORMANT — NAME and relationship to deceased: Clarissa N. Carter, wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY — NAME: Klamath Cremation Service
19c. LOCATION (city or town, state): Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON acting as such (Signature): [signature]
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 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) [signature] M.D.
DATE SIGNED (Mo., Day, Year): 21b. June 11, 1987
HOUR OF DEATH: 21c. 5:05 P. M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d. Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon ZIP: 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e.

CAUSE OF DEATH

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a. June 16, 1987
REGISTRAR: 22b. (Signature) [signature]

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

PART I
(a) Cardiogenic Shock — Interval between onset and death: 10 min
due to, or as a consequence of:
(b) Acute Inferior Infarction — Interval between onset and death: 2 DAYS
due to, or as a consequence of:
(c) AGHD — Interval between onset and death: Unknown

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

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Year) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e	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	

AUTOPSY (Specify Yes or No) 24: No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25: Yes

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. 6-86

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 — STATE OF OREGON — KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

MARIAN ACKERMAN, Registrar Vital Statistics
By [signature], Deputy Registrar
Date June 12, 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 June A.D., 19 87 at 4:39 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 10270.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Ret: Clarissa Carter 1100 Eldorado Blvd. Klamath Falls, Oregon 97601