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ID TAG NO.

237

Local File Number

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

Vol. M87 Page 11105

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE FATALITY ARE LAST

CAUSE OF DEATH

4
3
6

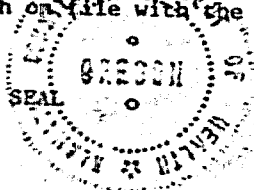
DECEASED - NAME		First		Middle		Last		State File Number	
William		Robert		LaVERNE				2 June 20, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 63		5b mos. 5c days		5d hours 5e min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		IF HOSP. OR INST. Indicate DOA, OP/Emet, Rm, Inpatient (specify)		COUNTY OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath Falls		7b Merle West Medical Center		7c D.O.A.		7d Klamath		6 July 17, 1923	
8 Washington		9 U.S.A.		10 Married		11 Villa Marie LaVerne		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 544-14-4078		14a Owner/Mgr. Petroleum Trucking		14b Petroleum Transportation					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d 5407 Harlan Dr.		15e 97603	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased					
16 William Joseph LaVerne		17 Florence - McNeeley		18 Villa Marie LaVerne, Wife					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION		City or town		State	
19a Burial		19b Klamath Memorial Park		19c Klamath Falls, Ore.					
FURNERAL SERVICE LICENSEE (Signature) acting as such		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
20a [Signature]		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.		M.D. 21b June 22, 1987		21c 6:23 A.		M	
21a [Signature]		NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ZIP			
21b Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore.				97601					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22b (Signature)							
JUN 22 1987		Marian Ackerman							
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Acute Myocardial Infarction		Interval between onset and death		10 minutes			
(a) DUE TO OR AS A CONSEQUENCE OF		ASHD		Interval between onset and death		unknown			
(b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		Severe asthmatic bronchitis		AUTOPSY (Specify Yes or No)		24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		25 Yes	
76a INJURY AT WORK (Specify Yes or No)		76b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		76c LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
76d		76e		76f		76g			
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev. 5-85

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.



MARIAN ACKERMAN, Registrar, Vital Statistics

By Marian Ackerman Deputy Registrar

Date JUN 22 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 Richard Fairclo, Attorney of June A.D. 19 87 at 11:40 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 11105

FEE \$5.00

Return: Richard Fairclo, Attorney

Evelyn Biehn, County Clerk

By Pam Smith
280 Main St., Klamath Falls, Ore.
97601