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MTC-18246-4

STATE OF OREGON Vol. M87 Page 11134

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number | State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First: Alvin; Middle: M; Last: BECK
2. DATE OF DEATH (month, day, year): March 8, 1986
3. RACE: White
4. SEX: Male
5a. AGE—Last Birthday (years): 68
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): June 3, 1917
7a. CITY, TOWN OR LOCATION OF DEATH: Portland
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): V.A. MEDICAL CENTER
7c. IF HOSP OR INST. indicate DOA, OP Emer. Rm., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Multnomah
8. STATE OF BIRTH (If not in U.S. name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Ruby M. Beck
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): YES
13. SOCIAL SECURITY NUMBER: 565 09 6360
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Meat Packer
14b. KIND OF BUSINESS OR INDUSTRY: Food Preparation Industry
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 2221 Darrow Street 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—first, middle, last: Kenneth Beck
17. MOTHER—first, middle, last (Maiden Name): Aileen Johnson
18. INFORMANT—NAME and relationship to deceased: Ruby M. Beck, Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, TRANSIT (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Lost River Cemetery
19c. LOCATION (City or Town, State): Bonanza, Oregon
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): Dan L. Wheeler
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine Street Klamath Falls, OR

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: John Klement
NAME AND ADDRESS OF CERTIFIER (Type or Print): John Klement, M.D. V.A. MEDICAL CENTER 3710 S.W. U.S. Vets Hospital Road Portland, OR 97207
21b. DATE SIGNED (Mo., Day, Yr.): 3/10/86
21c. HOUR OF DEATH: 4:42 A M
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Dr. Grover Bagby
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 17 1986
22b. REGISTRAR (Signature): Arthur W. Bloom

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) Myocardial Infarction — Interval between onset and death:
DUE TO OR AS A CONSEQUENCE OF
(b) Hemophilus influenza pneumonia — Interval between onset and death:
DUE TO OR AS A CONSEQUENCE OF
(c) Laryngeal Cancer. — 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): NO

ACCIDENT (Specify Yes or No) | 26b. DATE OF INJURY (Mo., Day, Yr.) | 26c. HOUR OF INJURY | 26d. DESCRIBE HOW INJURY OCCURRED
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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12 83

STATE OF OREGON
COUNTY OF MULTNOMAH

Date MAR 18 1986

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

Return Original to: Ruby M. Beck
2221 Darrow
Klamath Falls, OR 97601

CS-82/615

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 25th day of June A.D., 19 87 at 3:11 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 11134.

Evelyn Biehn, County Clerk
By Ann Smith

FEE $5.00