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33226
ID TAG NO.

215
Local File Number

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

CERTIFICATE OF DEATH

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 ITEMS

1 DECEASED — NAME (First) Charles	(Middle) Wesley	(Last) POLLY	2 DATE OF DEATH (month, day, year) May 27, 1987	
3 RACE (White, Black, American Indian, etc.) (specify) White	4 SEX Male	5a AGE — Last birthday (years) 87	5b Under 1 year (mos. / days)	5c Under 1 day (hours / min.)
6 DATE OF BIRTH (month, day, year) January 21, 1900				
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/Emgr. Rm., Inpatient (specify) Inpatient	7d COUNTY OF DEATH Klamath	
8 STATE OF BIRTH (If not in U.S.A., name country) Texas	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Ida S. Goree	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) Yes
13 SOCIAL SECURITY NUMBER 554-14-1271	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deliveryman	14b KIND OF BUSINESS OR INDUSTRY Bakery Products		
15a RESIDENCE — STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D. 3500 Summers Lane #16 ZIP 97603	15e Inside City Limits (specify yes or no) No
16 FATHER — NAME (first middle last) Charles Stonewall Polly	17 MOTHER — (first middle last (Maiden Name)) Virginia Lee Taylor	18 INFORMANT — NAME and relationship to deceased Ida S. Polly, wife		

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Removal/burial	19b CEMETERY OR CREMATORY — NAME Pomona Cemetery	19c LOCATION (city or town, state) Pomona, California	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) William F. Davenport	20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		

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) Mark S. Kochevar MD — 21b DATE SIGNED (Mo., Day, Year) May 29, 1987 — 21c HOUR OF DEATH 8:00 A M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon ZIP: 97601

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

CAUSE OF DEATH

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) May 29, 1987	22b REGISTRAR (Signature) Lawrence E. Cravens	
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).] PART I (a) Cardiac arrest		Interval between onset and death 10 min.
DUE TO, OR AS A CONSEQUENCE OF: (b) Uremia		Interval between onset and death days
DUE TO, OR AS A CONSEQUENCE OF: (c) Renal failure		Interval between onset and death months
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) Coronary artery disease.	24 AUTOPSY (Specify Yes or No) No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

26a ACCIDENT (Specify Yes or No) 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) 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

27a 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. 6-85

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Lawrence E. Cravens, Deputy Registrar

Date May 29, 1987

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

$5.00 Ida S. Polly #16 RFD.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ida S. Polly the 25th day of June A.D., 1987 at 4:11 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 11138.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith