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00674 ID TAG NO.

275 Local File Number

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

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF EVIDENCE ITEMS

1. DECEASED — NAME: First: Martyn; Middle: Erwin; Last: EMBERTSON
2. State File Number:
3. RACE (White, Black, American Indian, etc) (specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 78
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): January 23, 1909
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Klamath Comm. Conv. Center
7c. IF HOSP OR INST (Indicate DOA, OP, Emer Rm, Inpatient) (specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Dorothy
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 559-09-1528
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
14b. KIND OF BUSINESS OR INDUSTRY: Grain Farming
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Malin
15d. STREET AND NUMBER OR R.F.D.: P.O. Box 244
ZIP: 97632
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first middle last: Louis Embertson
17. MOTHER — first middle last (Maiden Name): Grace Ives
18. INFORMANT — NAME and relationship to deceased: Dorothy Embertson - Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY — NAME: Malin Community Cemetery
19c. LOCATION city or town state: Malin, Oregon
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel - 515 Pine St. Klamath Falls, Ore.

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): Randal A. Machado, M.D.
21b. DATE SIGNED (Mo., Day, Year): 7/25/87
21c. HOUR OF DEATH: 10:20 P.M.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Randal Machado, M.D. 1905 Main Klamath Falls, Oregon ZIP 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a. JUL 23 1987
REGISTRAR: 22b. (Signature): Michelle Batliff

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

PART I
4. (a) Probable Aspiration Pneumonia — Interval between onset and death: 2-3 weeks
5. (b) DUE TO, OR AS A CONSEQUENCE OF: Alzheimer's Disease - Wandering — Interval between onset and death: Years
6. (c) 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): Seizure Disorder + Congestive Heart Failure

26a. ACCIDENT (Specify Yes or No)	26b. DATE OF INJURY (Mo., Day, Year)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED	24. AUTOPSY (Specify Yes or No)	25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No		M		No	No

26e. 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

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N.A. XX

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

MARIAN ACKERMAN, Registrar Vital Statistics

By Michelle Batliff, Deputy Registrar

Date JUL 23 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 Dorothy Embertson of July A.D., 19 87 at 9:41 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 13538. the 29th day

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]

Ret: Dorothy Embertson Box 244, Malin, Oregon 97632