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ID TAG NO.

275

Local File Number

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

Vol. M87 Page 13538

TYPE OR PRINT IN PERMANENT BLACK INK FOR STRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK REGARDING APPLICATION OF IDENTIFICATION ITEMS

POSITION

CERTIFIER

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

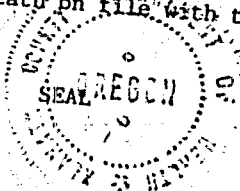
CAUSE OF DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
Martyn		Erwin		EMBERTSON					
RACE (Specify)		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF DEATH (month, day, year)	
White		Male		58 78		Under 1 year		2 July 22, 1987	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		Under 1 year		Under 1 year		DATE OF BIRTH (month, day, year)	
Klamath Falls		Klamath Comm. Conv. Center		Under 1 year		Under 1 year		6 January 23, 1909	
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		IF HOSP OR INST Inmate DOA OP, Emer, Am, Inpatient (Specify)		COUNTY OF DEATH	
California		U.S.A.		10 Married		7c Inpatient		7d Klamath	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		IF HOSP OR INST Inmate DOA OP, Emer, Am, Inpatient (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no)	
559-09-1528		Farmer		Dorothy		11c		12 No	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Malin		P.O. Box 244		97632	
FATHER - NAME		MOTHER - NAME		Last (Maiden Name)		INFORMANT - NAME and relationship to deceased		Inside City Limits (Specify yes or no)	
Louis Embertson		Grace Ives		Dorothy Embertson - Wife				15c No	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION		CITY or town		State	
Burial		Malin Community Cemetery		O'Hair's Funeral Chapel - 515 Pine St. Klamath Falls, Ore.					
FURNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
Linda A. Machado, M.D.		515 Pine St. Klamath Falls, Ore.		7/25/87		10:20 P.		M	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR					
Bandal Machado, M.D.		JUL 23 1987		Michelle Batloff					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR					
Bandal Machado, M.D.		JUL 23 1987		Michelle Batloff					
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)		Interval between onset and death					
(a) Probable Aspiration pneumonia				2-3 weeks					
(b) Alzheimer's Disease - worsening				Years					
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				Interval between onset and death					
Seizure Disorder, Cardiac Heart Failure				Years					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
No		No		No		No		No	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED		CITY OR TOWN		STATE	
No		No		No		No		No	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?							
YES NO N/A		YES NO N/A							

ORIGINAL - VITAL STATISTICS COPY

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 Michelle Batloff, Deputy Registrar
Date JUL 23 1987

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

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.
FEE \$5.00
Ret: Dorothy Embertson Evelyn Biehn, County Clerk
Box 244, Malin, Oregon 97632