77524 '87 JUL 30 AM 9 19

02423
ID TAG NO.

267
Local File Number

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

Vol. M87 Page 13606

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First BERNARD; Middle THOMAS; Last McDONALD

2 DATE OF DEATH (month, day, year): July 13, 1987

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 76

5b Under 1 year: months

5c Under 1 day: days / hours / min

6 DATE OF BIRTH (month, day, year): September 16, 1910

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 2232 Wantland Avenue

7c IF HOSP OR INST indicate DOA, OP, Emer. Rm., Inpatient (specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Nebraska

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Thelma

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 543-10-2506

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver-Retired

14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 2232 Wantland Avenue ZIP 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME first middle last: Clarence McDonald

17 MOTHER — first middle last (Maiden Name): Mabel Bryant

18 INFORMANT — NAME and relationship to deceased: Thelma McDonald - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or. - 97601

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): [signature]

21b DATE SIGNED (Mo., Day, Year): 07-15-87

21c HOUR OF DEATH: 7:00 AM

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): David C. Seeley, MD / 905 Main Suite 611 / Klamath Falls, Or. ZIP 97601

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

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 15 1987

22a REGISTRAR

22b (Signature): [signature]

CAUSE OF DEATH

PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

23 (a) CARCINOMA OF PANCREAS

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

Interval between onset and death: 1 yr.

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

Interval between onset and death

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

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY — At home, farm, street, factory, office building etc. (Specify)

26d DESCRIBE HOW INJURY OCCURRED

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 ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

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 Batliff, Deputy Registrar

Date JUL 28 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 Thelma McDonald of July A.D., 19 87 at 9:19 o'clock A M., and duly recorded in Vol. M87 on Page 13606 the 30th day of Deeds

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]

Return: Thelma McDonald 2232 Wantland Ave., Klamath Falls, Oregon 97601