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Vol. M87 Page 1394400675
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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
Alden Anthony		VASHAW						2 July 28, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
1 White		4 Male		5a 74		5b mos days		5c hours min	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HOSP OR INST Indicate DOA, OP/Emer. Rm., Inpatient (specify)		COUNTY OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath Falls		7b Mountain View Convalescent Center - Inpatient				7c Klamath		6 November 2, 1912	
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Minnesota		9 U.S.A.		10 Married		11 Fern		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 477-07-5096		14a Frameman		14b Telephone					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d P.O. Box 204		97603	
FATHER - NAME		MOTHER - first middle last		(Maiden Name)		INFORMANT - NAME and relationship to deceased		Inside City Limits (specify yes or no)	
16 George L. Vashaw		17 Elizabeth Gehrker				18 Fern Vashaw - Wife		15a No	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION		City or town		state	
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Ore.					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a <i>He H. Foul</i>		20b O'Hair's Funeral Chapel-515 Pine St. - Klamath Falls, Ore.							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) <i>Kenneth K. Magee</i>		21b 7-29-87		21c 9:10 P. M.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP							
21d Kenneth K. Magee, M.D. 1900 Main St. Klamath Falls, Oregon		97601							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e		REGISTRAR							
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22a JUL 29 1987		22b (Signature) <i>Michelle Bathoff</i>					
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		INTERVAL BETWEEN ONSET AND DEATH							
(a) <i>Cardiac arrest</i>		<i>minutes</i>							
(b) <i>arteriosclerotic heart disease</i>		<i>hrs</i>							
(c) <i>Reaction of ascending thoracic aorta, CVA.</i>									
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
24 No		25 No							
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
26e		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Michelle Bathoff*, Deputy RegistrarDate JUL 29 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 Fern Vashaw the 4th day of August A.D., 19 87 at 2:29 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 13944Evelyn Biehn, County Clerk
By *[Signature]*

FEE \$5.00

Return: Fern Vashaw Box 204, Klamath Falls, Oregon