CERTIFICATION OF VITAL RECORD

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B-3466
ID TAG NO.

338
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

DECEASED — NAME: 1 First: Harvey; Middle: Mason; Last: MATHIS

DATE OF DEATH (month, day, year): 2 September 6, 1987

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

SEX: 4 Male

AGE — Last birthday (years): 5a 59

Under 1 year: mos. / days: 5b

Under 1 day: hours / min.: 5c

DATE OF BIRTH (month, day, year): 6 February 21, 1928

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

HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 7b Merle West Medical Center

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

COUNTY OF DEATH: 7d Klamath

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

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

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

SPOUSE (IF MARRIED, WIDOWED): 11 —

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

SOCIAL SECURITY NUMBER: 13 541-24-9209

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

KIND OF BUSINESS OR INDUSTRY: 14b Weyco Timber Company

RESIDENCE — STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D.: 15d 1623 Etna Street

ZIP: 97603

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

FATHER — NAME first middle last: 16 Jim — Mathis

MOTHER — first middle last (Maiden Name): 17 Leone — Keough

INFORMANT — NAME and relationship to deceased: 18 Sidney D. Mathis, son

DISPOSITION

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

CEMETERY OR CREMATORY — NAME: 19b Eternal Hills Crematory

LOCATION (city or town, state): 19c Klamath Falls, Oregon 9760

FUNERAL SERVICE LICENSEE or person acting as such (Signature): 20a William F. Davenport

NAME AND ADDRESS OF FACILITY: 20b 6120 South Sixth Street, Klamath Falls, Oregon 97603-7194 — Davenport's Chapel of the Good Shepherd,

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, MD

DATE SIGNED (Mo., Day, Year): 21b September 8, 1987

HOUR OF DEATH: 21c 2:20 P.M

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

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a SEP 8 1987

REGISTRAR: 22b (Signature) Michelle Batliff

CAUSE OF DEATH

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

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

PART I

(a) Cardio respiratory Arrest — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: Immediate

(b) Congestive Heart Failure — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: Years

(c) Ventricle septal Defect — Interval between onset and death: 58 yrs.

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

Pulmonary Hypertension, Renal Failure, Hepatic Failure

ACCIDENT (Specify Yes or No): 26a No

DATE OF INJURY (Mo., Day, Year): 26b

HOUR OF INJURY: 26c

DESCRIBE HOW INJURY occurred: 26d

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No

INJURY AT WORK (Specify Yes or No): 26e No

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

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 26g

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

45-2 Rev. 8-86

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED SEP 8 1987

Marian G. Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

$5.00

DEPT. OF HEALTH SERVICES KLAMATH COUNTY

CERTIFICATION OF VITAL RECORD

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 11th day of September A.D., 19 87 at 10:45 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 16494.

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Sid Mathis 137 Mortimer, Klamath Falls, Oregon 97601