CERTIFICATION OF VITAL RECORD

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79194

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

CERTIFICATE OF DEATH

ID TAG NO. 33244
Local File Number 336
State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First William; Middle Laurence; Last SEIBT
2 DATE OF DEATH (month, day, year): September 5, 1987
3 RACE White, Black, American Indian, etc (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 59
5b Under 1 year: mos / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): September 7, 1927
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Emer. Rm.
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Lois
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13 SOCIAL SECURITY NUMBER: 164-20-4908
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service Test Examiner
14b KIND OF BUSINESS OR INDUSTRY: U. S. Government
14c RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 4432 Barry
ZIP: 97603
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: William Paul Seibt
17 MOTHER — first middle last (Maiden Name): Florence Mildred Vensel
18 INFORMANT — NAME and relationship to deceased: Lois F. Seibt, 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, Oregon 97601
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F. Davenport
20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194
21b DATE SIGNED (Mo., Day, Year): September 7, 1987
21c HOUR OF DEATH: 6:00 P.M.

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): F. Geoffrey Marx
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon ZIP: 97601
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 8 1987
22b REGISTRAR (Signature): Michelle Batdiff
22a CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

23 IMMEDIATE CAUSE (a): Probable Acute Myocardial Infarct — Interval between onset and death: immediate
DUE TO, OR AS A CONSEQUENCE OF (b): Atherosclerosis — Interval between onset and death: 10 yrs
DUE TO, OR AS A CONSEQUENCE OF (c):

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Aorto Femoral Bypass
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Year)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No): No
26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
23n 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

45-2 Rev. 6-86

ORIGINAL - VITAL STATISTICS COPY

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 Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 11th day of September A.D., 19 87 at 3:04 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 16551.

Evelyn Biehn, County Clerk
By _____

FEE $5.00
Return: Lois Seibt 4432 Barry Klamath Falls, Oregon 97603