79415 Vol. M87 Page 16921

'87 SEP 17 PM 2 05

00693 ID TAG NO.

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

1 DECEASED — NAME: First: Henry; Middle: Williams; Last: SHERRILL
2 DATE OF DEATH (month, day, year): September 4, 1987
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 80
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): April 26, 1907
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Rt. 1 Box 643 B
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): Idaho
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Inez Sherrill
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 519-10-0248
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14b KIND OF BUSINESS OR INDUSTRY: Western Starch Company
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Merrill
15d STREET AND NUMBER OR R.F.D.: 162 E. Court Street ZIP 97633
15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME first middle last: Finis - Sherrill
17 MOTHER — first middle last (Maiden Name): Edna - Williams
18 INFORMANT — NAME and relationship to deceased: Inez Sherrill, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Merrill I.O.O.F. Cemetery
19c LOCATION city or town state: Merrill, Oregon 97601
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Merrill Reid
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine Street, Klamath Falls, Ore

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 M.D.
21b DATE SIGNED (Mo., Day, Year): Sept. 7, 1987
21c HOUR OF DEATH: 7:30 P. M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon ZIP 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

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

PART I — (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
23 IMMEDIATE CAUSE (a): Probable Myocardial Infarct — Interval between onset and death: 0
DUE TO, OR AS A CONSEQUENCE OF (b): Atherosclerosis — Interval between onset and death: 10 yrs
DUE TO, OR AS A CONSEQUENCE OF (c): — Interval between onset and death:

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

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

45-2 Rev. 8-86

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Inez Sherrill the 17th day of September A.D., 19 87 at 2:05 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 16921.

Evelyn Biehn, County Clerk
By Lou Smith

FEE $5.00

Return: Inez Sherrill Box 332 Merrill, Oregon 97633