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Vol. 1487 Page 17384

B-3843

ID TAG NO.

355

Local File Number

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

CERTIFICATE OF DEATH

State File Number

DATE OF DEATH (month, day, year)
September 16, 1987

DATE OF BIRTH (month, day, year)
June 23, 1917

COUNTY OF DEATH
Klamath

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

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

KIND OF BUSINESS OR INDUSTRY
14b Insurance / Real Estate

STREET AND NUMBER OR R.F.D. Zip
15d 2409 Western 97603

INSIDE CITY LIMITS (specify yes or no)
15e No

INFORMANT -- NAME and relationship to decedent
18 Elaine Jones / Wife

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

DATE SIGNED (Mo., Day, Year)
21b 9-17-87

HOUR OF DEATH
21c 2:00 A M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)
21d Mark S. Kochevar, MD / 1905 Main Street / Klamath Falls, Or. / 97601

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Year)
22a SEP 17 1987

REGISTRAR
22b (Signature) Michelle Batliff

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

INTERVAL BETWEEN ONSET AND DEATH
23b (b) Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH
23c (c) Carcinoma of prostate with metastases

OTHER SIGNIFICANT CONDITIONS -- Conditions contributing to death but not related to cause given in PART I (a), (b) or (c)
24a No

AUTOPSY (Specify Yes or No)
24b No

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

ACCIDENT (Specify Yes or No)
26a No

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

HOUR OF INJURY
26c

DESCRIBE HOW INJURY OCCURRED
26d

INJURY AT WORK (Specify Yes or No)
26e

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

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

SEP 17 1987

DATE ISSUED

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

After recording, return to:

H.F. SMITH
Attorney at Law
540 Main Street
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of H. F. Smith, Attorney at Law the 24th day of September A.D. 19 87 at 1:06 o'clock P. M., and duly recorded in Vol. M87 of Needs on Page 17384.

Evelyn Biehn, County Clerk
By *[Signature]*

FEE \$5.00