CERTIFICATION OF VITAL RECORD

'87 OCT 13 P12 11

80407

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25310
ID TAG NO.
376
Local File Number

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

CERTIFICATE OF DEATH
ORS — 146

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEASED — NAME: 1 First: THEODORE Middle: ARTHUR Last: DURST

2 DATE OF DEATH (month, day, year): October 06, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 39

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): November 20, 1947

7a CITY, TOWN OR LOCATION OF DEATH: Township # 39

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Range 5, Sec. 2 of NW Corner

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): Oregon

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Laurie

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

13 SOCIAL SECURITY NUMBER: 542 - 56 - 0651

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

14b KIND OF BUSINESS OR INDUSTRY: Logging

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 5144 Bryant Avenue ZIP: 97603

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

16 FATHER — NAME first middle last: Theodore - Durst

17 MOTHER — first middle last (Maiden Name): Minnie - Farrens

18 INFORMANT — NAME and relationship to deceased: Laurie Durst / Wife

DISPOSITION

19a Burial

19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): James A. Todd

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

CERTIFIER — MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): 2:30 P.M.

21b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): Oct. 06, 1987 at 2:35 P.M.

21c FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): Jon G. McKeller MD

21e NAME AND TITLE — (Type or Print): Jon G. McKeller, MD

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): October 9, 1987

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 12 1987

22b REGISTRAR (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) Multiple Traumatic Injuries — Interval between onset and death: Instant

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

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

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

24 AUTOPSY (Specify Yes or No): No

25a DATE OF INJURY (Month, Day, Year): Oct. 06, 1987

25b HOUR: 2:30 PM

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Three logs on a loaded log truck fell on victim

25d INJ. AT WORK (Specify Yes or No): Yes

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): Township 39

25f LOCATION (Street or R.F.D. No., City or Town, County, State): Range 5, Sec 2 of NW corner / Klamath / Or

26 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

27 RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-107 Rev. 6-86

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

DATE ISSUED OCT 12 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 _____ of October A.D., 19 87 at 12:11 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 18568. the 13th day

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Laurie Durst 5144 Bryant Ave., Klamath Falls, Oregon 97603