CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

A1328 ID TAG NO. 320 Local File Number — State File Number

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

DECEDENT

DECEASED — NAME: First Thomas; Middle Jefferson; Last ORR
DATE OF DEATH (month, day, year): August 27, 1987
1 RACE White, Black, American Indian, etc. (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 82
5b Under 1 year: mos / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): April 11, 1905
3 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
7a
STATE OF BIRTH (If not in U.S.A., name country): Tennessee
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Loraine Orr
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
8
SOCIAL SECURITY NUMBER: 543-16-1849
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-Employed Consultant
14b KIND OF BUSINESS OR INDUSTRY: Forestry
13
RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 903 Loma Linda Drive
ZIP: 97601
15e Inside City Limits (specify yes or no): Yes
15a
FATHER — NAME first middle last: Thomas J. Orr
17 MOTHER — first middle last (Maiden Name): Luella - Orr
18 INFORMANT — NAME and relationship to deceased: Loraine B. Orr, wife
16

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service
19c LOCATION city or town state: Klamath Falls Oregon 97601
19a
FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.
20a
DATE SIGNED (Mo., Day, Year): August 27, 1987
21c HOUR OF DEATH: 9:05 A 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.
21b M.D.
21a (Signature): [signature]
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Dave Seeley, M.D., Medical - Dental Building, Klamath Falls, Oregon ZIP 97601
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): AUG 27 1987
22a REGISTRAR 22b (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): Cardiac Arrest — Interval between onset and death: 11 hr.
DUE TO, OR AS A CONSEQUENCE OF (b): Acute myocardial infarction — Interval between onset and death: 1 hr
DUE TO, OR AS A CONSEQUENCE OF (c): Coronary Heart Disease — Interval between onset and death: Long Standing

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

4 ACCIDENT (Specify Yes or No): 26a
DATE OF INJURY (Mo., Day, Year): 26b
HOUR OF INJURY: 26c
DESCRIBE HOW INJURY occurred: 26d
5 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
6

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

43-2 Rev 8-86

ORIGINAL - VITAL STATISTICS COPY

Ret to: Marge Seutter
5839 Onyx K.F., Ore 97603

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

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED AUG 28 1987

CK $5.00

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 19th day of October A.D., 19 87 at 4:23 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 18896.

Evelyn Biehn, County Clerk
By _____

FEE $5.00