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21007
ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records UnitVol. 1787 Page 1952587-48
Local File Number

CERTIFICATE OF DEATH

ORS - 146

DECEASED - NAME		First		Middle		Last		State File Number	
1 Edwin		Ross		CLARK				DATE OF DEATH (month, day, year)	
2 October 15, 1987									
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 72		5b mos. days		5c hours min.	
6 August 11, 1915									
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)		COUNTY OF DEATH			
7a Sand Hill Crossing		7b U.S. Forest Service Road # 331		7c -		7d Lake			
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 West Virginia		9 USA		10 Married		11 Elsa Clark		12 Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 232-16-7749		14a Truck Driver		14b Construction					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Bonanza		15d PO Box 134		97623	
FATHER - NAME first middle last		MOTHER - first middle last		(Maiden Name)		INFORMANT - NAME and relationship to deceased		Inside City Limits (specify yes or no)	
16 Irvin Clark		17 Lottie Lilly		18 Elsa Clark (Wife)				15e NO	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a - Merrill Reed		20b Hairs Funeral Chapel, Inc. 515 Pine St. Klamath Falls, OR							
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:									
DEATH OCCURRED (Hour)		THE DECEASED WAS PRONOUNCED DEAD		FROM:					
21a 1:30 PM		21b October 15 1987 3:00PM		21c NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/>					
CERTIFIER (Signature)				HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>					
21d Terence J. Parr MD				NAME AND TITLE - (Type or Print)					
MEDICAL EXAMINER				21e Terence J. Parr MD					
21f Lake				DATE SIGNED (Month, Day, Year)					
21g October 20, 1987									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a October 20, 1987		22b (Signature) - Peg Roberson, deputy							
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]									
PART I (a) Myocardial infarction, acute								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:									
(b) Atherosclerotic coronary artery disease (3 vessels)								Interval between onset and death	
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)								AUTOPSY (Specify Yes or No) Yes	
DATE OF INJURY (Month, Day, Year)		HOUR		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)					
25a None		25b		25c					
INJ. AT WORK (Specify Yes or No)		PLACE OF INJURY - As home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or R.F.D. No., City or Town, County, State)					
25d		25e		25f					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?									
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>									
WAS GIFT MADE?									
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>									
RESERVED FOR REGISTRAR'S USE									

STATE OF OREGON

COUNTY OF LAKE

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

BY: Peg Roberson
DEPUTY REGISTRARDATE October 20 1987

NOT VALID WITHOUT RAISED SEAL OF LAKE COUNTY HEALTH DEPARTMENT

VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Elsa Clark the 28th day of October A.D., 19 87 at 11:12 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 19525

FEE

\$5.00

Evelyn Biehn County Clerk
By Bernetha J. Feltch

Return to: Elsa Clark--P. O. Box 134--Bonanza. OR 97623