

103

STATE OF OREGON

**Board on
Police Standards and Training**

THIS GENERAL POLYGRAPH EXAMINER

LICENSE

IS AWARDED TO

VICTOR MICHAEL PRESTON

PURSUANT TO ORS 703.010-990

*given under our hands and seal**this 3rd day of December, 19 86, and**expires on the 2nd day of December, 19 87.**Michael C Sullivan*
CHAIRMAN*Richard F Robert*
EXECUTIVE DIRECTOR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Victor Michael Preston the 10th day
of November A.D., 19 87 at 3:00 o'clock P M., and duly recorded in Vol. M87
of Miscellaneous on Page 20455.

FEE \$5.00

Evelyn Biehn
By Bernice J. Ketch County Clerk

STATE OF OREGON
DEPARTMENT OF HEALTH SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

Vol 140 / Page 2

DECEASED - NAME: **Newton, W. GUTHRIE** State File Number: _____
 RACE: **White** SEX: **Male** AGE: **72** Under 1 year: ☐ 1-5 years: ☐ 5-10 years: ☐ 10-15 years: ☐ 15-20 years: ☐ 20-25 years: ☐ 25-30 years: ☐ 30-35 years: ☐ 35-40 years: ☐ 40-45 years: ☐ 45-50 years: ☐ 50-55 years: ☐ 55-60 years: ☐ 60-65 years: ☐ 65-70 years: ☐ 70-75 years: ☐ 75-80 years: ☐ 80-85 years: ☐ 85-90 years: ☐ 90-95 years: ☐ 95-100 years: ☐ 100 years and over: ☐
 DATE OF DEATH (month, day, year): **November 20, 1986**
 DATE OF BIRTH (month, day, year): **March 20, 1914**
 CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls** HOSPITAL OR OTHER INSTITUTION - NAME: **West Medical Center**
 STATE OF BIRTH (if not in U.S.A. name country): **Arkansas** CITIZEN OF WHAT COUNTRY: **U.S.A.** IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify): **Inpatient**
 SOCIAL SECURITY NUMBER: **562-26-0513** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Farmer** SPOUSE (if married, widowed): **Lenora Muckey**
 RESIDENCE - STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN OR LOCATION: **Klamath Falls** STREET AND NUMBER OR R.F.D.: **4832 Glenwood** ZIP: **97603**
 FATHER - NAME: **William Edward Guthrie** MOTHER - NAME: **Jamilla Janie King** INFORMANT - NAME and relationship to deceased: **Lenore Guthrie, wife**
 BURIAL, CREMATION, REMOVAL, MALE (specify): **Burial** CEMETERY OR CREMATORY - NAME: **Mt Laki Cemetery** LOCATION: **Klamath Falls, Oregon**
 FUNERAL SERVICE LICENSEE OF DEATH (Name and address of facility): **Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-7194**
 NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): **Glenn G. Gailis, MD, 1905 Main Street, Klamath Falls, Oregon 97601**
 DATE RECEIVED BY REGISTRAR (Mo., Day, Year): **November 24, 1986** REGISTRAR: **Kathleen E. Chausse**
 IMMEDIATE CAUSE: **M YOCARDIAL INFARCTION** Interval between onset and death: **12 HOURS**
 DUE TO, OR AS A CONSEQUENCE OF: **ATHEROSCLEROTIC HEART DISEASE** Interval between onset and death: **YEARS**
 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): **CANCER OF THE PROSTATE**
 ACCIDENT (Specify Yes or No): **No** DATE OF INJURY (Mo., Day, Year): _____ HOUR OF INJURY: _____
 INJURY AT WORK (Specify Yes or No): **No** PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): _____ LOCATION: _____ STREET OR R.F.D. NO.: _____ CITY OR TOWN: _____ STATE: _____
 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? **NO** WAS GIFT MADE? **NO**
 RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

STATE OF OREGON
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By **Kathleen E. Chausse** Deputy Registrar

Date **November 24, 1986**

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Holly Wilson** of **November** **24** A.D. 19 **86** at **3:03** o'clock **P** M., and duly recorded in Vol. **M87** of **Deeds** on Page **20456**

FEE \$5.00

Ret: **Holly Wilson** 8340 Hill Rd., Klamath Falls, Oregon 97603
 Evelyn Biehn, County Clerk
 By **Pam Smith**