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Vol. M87 Page 22059

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A1341
ID TAG NO.

426
Local File Number

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

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First: Maxwell — Middle: — Last: MARVIN

2 DATE OF DEATH (month, day, year): November 10, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 76

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): October 29, 1911

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (if not in either, give street and number): Klamath Convalescent Center

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

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): Marjorie

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

13 SOCIAL SECURITY NUMBER: 531-12-8728

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

14b KIND OF BUSINESS OR INDUSTRY: Education

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 2445 California St. ZIP: 97601

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

16 FATHER — NAME first middle last: William - Marvin

17 MOTHER — first middle last (Maiden Name): Gwendolyn - Stickel

18 INFORMANT — NAME and relationship to deceased: Roy Marvin - Son

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature):

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel — 515 Pine St. - Klamath Falls, Ore.

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.

21a (Signature):

21b DATE SIGNED (Mo., Day, Year): 11/10/1987

21c HOUR OF DEATH: 8:45 A. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): John J. Kleaman, M.D. 1905 Main St. Klamath Falls, Oregon ZIP 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 10 1987

22b REGISTRAR (Signature): Michelle Bartiff

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): Cancer.

DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 3 mos.

(b)

DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death

(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).

(1) CAD (2) PCABG (3) Anemia

24 AUTOPSY (Specify Yes or No): No

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

26a ACCIDENT (Specify Yes or No): No

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

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

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

43-2 Rev. 8

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

DATE ISSUED NOV 10 1987

Marian G. Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marjorie Marvin the 9th day of December A.D., 19 87 at 11:27 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 22059.

FEE $5.00

Evelyn Biehn, County Clerk

By Pam Smith

Ret: Marjorie Marvin Box 434 Klamath Falls, Oregon 97601