83164

'88 JAN 5 PM 2 15

Vol. M88 Page 160

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

A 1356 — ID TAG NO.

423 — Local File Number

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 / Middle / Last): Willis / Edward / ERVIN

2 DATE OF DEATH (month, day, year): December 30, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 83

5b Under 1 year — mos. / days

5c Under 1 day — hours / min.

6 DATE OF BIRTH (month, day, year): December 17, 1904

7a 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): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Agnes J.Ervin

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

13 SOCIAL SECURITY NUMBER: 543-10-1187

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

14b KIND OF BUSINESS OR INDUSTRY: Horse Trainer

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 3539 Altamont Drive

ZIP: 97603

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

16 FATHER — NAME first middle last: Lawrence - Ervin

17 MOTHER — first middle last (Maiden Name): Agnes - Tierney

18 INFORMANT — NAME and relationship to deceased: Agnes J. Ervin, wife

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 Oregon 97601

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

20b NAME AND ADDRESS OF FACILITY: Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Fa

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): Kenneth K. Magee M.D.

21b DATE SIGNED (Mo., Day, Year): 12/31/87

21c HOUR OF DEATH: 2:00 P. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601 ZIP:

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

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year): DEC 31 1987

22a REGISTRAR (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: Respiratory Arrest due to Stroke — Interval between onset and death: hrs

(a) DUE TO, OR AS A CONSEQUENCE OF: Cerebral Vascular Accident (Thrombosis) — Interval between onset and death: 3 days

(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerosis of basilar-vertebral artery — Interval between onset and death: years

(c)

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

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 M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): 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

45-2 Rev. 6-86

ORIGINAL - VITAL STATISTICS COPY

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 JAN 04 1988

$5.00 Pd. 3539 Altamont Dr.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 5th day of January A.D., 19 88 at 2:15 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 160.

Evelyn Biehn, County Clerk

By _____

FEE $5.00

Ret: Agnes J. Ervin 3539 Altamont Dr., Klamath Falls, Oregon 97603