CERTIFICATION OF VITAL RECORD

84795

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20056
ID TAG NO.

422
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

1 DECEDENT'S NAME: First: Henry; Middle: David; Last: STORY

2 DATE OF DEATH (month, day, year): November 4, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 63

5b Under 1 year: mos.

5c Under 1 day: days / hours / min.

6 DATE OF BIRTH (month, day, year): January 30, 1924

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): North Carolina

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Margie

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

10 SOCIAL SECURITY NUMBER: 265-20-8675

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

14b KIND OF BUSINESS OR INDUSTRY: Titanium Metals

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4247 Gary Street ZIP: 97603

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

16 FATHER — NAME first middle last: Henry David Story, Sr.

17 MOTHER — first middle last (Maiden Name): Laura Edna White

18 INFORMANT — NAME and relationship to deceased: Margie Story, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon976

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William T. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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): Blake D. Berven

21b DATE SIGNED (Mo., Day, Year): November 5, 1987

21c HOUR OF DEATH: 1:40 A M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon ZIP: 97601

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

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 6 1987

22b REGISTRAR (Signature): Michelle Bartliff

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST.

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I (a) Gastrointestinal bleed with shock — Interval between onset and death: 48 hours

DUE TO, OR AS A CONSEQUENCE OF: (b) Esophageal varices — Interval between onset and death: January 1978

DUE TO, OR AS A CONSEQUENCE OF: (c) Post necrotic cirrhosis — Interval between onset and death: January 1978

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

25a ACCIDENT (Specify Yes or No)	25b DATE OF INJURY (Mo., Day, Year)	25c HOUR OF INJURY	25d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No				No	No

26a INJURY AT WORK (Specify Yes or No)	26b PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26c LOCATION — STREET OR R.F.D. NO. / CITY OR TOWN / STATE
NO		

26d 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 8-85

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

DATE ISSUED FEB 29 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 29th day of February A.D., 19 88 at 3:58 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 2895.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Margie Story 4247 Gary St., Klamath Falls, Oregon 97603