CERTIFICATION OF VITAL RECORD

84973

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A 1335
ID TAG NO.

386
Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

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

CERTIFICATE OF DEATH

State File Number

DECEDENT

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

1 DECEASED — NAME: First: Arville; Middle: C.; Last: NEEL
2 DATE OF DEATH (month, day, year): October 16, 1987
3 RACE (White, Black, American Indian, etc) (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 56
5b Under 1 year: mos.
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): October 31, 1930
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): Utah
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
SPOUSE (IF MARRIED, WIDOWED): Pamela Neel
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13 SOCIAL SECURITY NUMBER: 529-34-7413
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tec Sargent
14b KIND OF BUSINESS OR INDUSTRY: U.S. Airforce
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 5460 Bartlett St. ZIP: 97603
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Edmond Grant Neel
17 MOTHER — first middle last (Maiden Name): Margaret Finagan
18 INFORMANT — NAME and relationship to deceased: Pamela Neel, 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, Ore.
20a FUNERAL SERVICE LICENSEE or Person acting as such (Signature): [signature]
NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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): [signature] M.D.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Ore. ZIP 97601
21b DATE SIGNED (Mo., Day, Year): October 16, 1987
21c HOUR OF DEATH: 3:20 A. M
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 16 1987
22a REGISTRAR
22b (Signature): Michelle Bartiff

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) CEREBROVASCULAR ACCIDENT, PATIENT, WITH EXPRESSIVE — Interval between onset and death: 7 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) ANTERIOR MYOCARDIAL INFARCTION — Interval between onset and death: 7 year
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): DIABETES MELLITUS — Interval between onset and death: 7 year

ACCIDENT (Specify Yes or No): 26a No
26b DATE OF INJURY (Mo., Day, Yr.)
26c HOUR OF INJURY
DESCRIBE HOW INJURY OCCURRED
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
INJURY AT WORK (Specify Yes or No): 26e
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

45-2 Rev. 6-85

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

DATE ISSUED NOV 3 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of March A.D., 19 88 at 1:59 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 3171 the 7th day

FEE $5.00

Evelyn Biehn, County Clerk
By Pam

Ret: Pamela Neel 5460 Bartlett St., Klamath Falls, Oregon 97603