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B 5055
ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol. 1188 Page 6607

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

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1		RONALD		VERNON		KETCHAM		2 May 25, 1987	
RACE (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 76		5b mos days		5c hours min	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)		IF HOSP OR INST. Indicate DOA, OP, Emer. Rm. Inpatient (specify)		COUNTY OF DEATH		DATE OF BIRTH (month, day, year)	
7a Bonanza		7b Rt. 1 - Box 215		7c		7d Klamath		6 December 28, 1910	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (if MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 California		9 U.S.A.		10 Married		11 Madeline		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		14b Pacific Northwest Bell			
13 545-07-8049		14a Line Assigner - Ret.							
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Bonanza		15d Rt. 1 - Box 215		15e 97623	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased		18 Madeline Ketcham / Wife		19c Klamath Falls, Ore.	
16 Lonnie I. Ketcham		17 Ivy Harris							
BURIAL, CREMATION, REMOVAL, MAUS (specify)		CEMETERY OR CREMATORY - NAME		LOCATION		city or town		state	
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Ore.					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
20a Jim Lancaster		20b Ward's / 1945 Main St. / Klamath Falls, Ore. 97601		21b 5/27/87		21c 8:40 P. M.			
21a (Signature) Edward T. McClure		21b Edward T. McClure, MD - 2301 Clairmont - Klamath Falls, Oregon		21c 97601					
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		21f REGISTRAR		21g (Signature) Katherine E. Council					
22a May 27, 1987		22b (Signature) Katherine E. Council							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death							
PART I (a) Liver failure		Interval between onset and death							
(b) Alcoholic cirrhosis		Interval between onset and death							
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
24 No		25 Yes							
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a NO		26b		26c M		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN STATE	
26e		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 6-86

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 Katherine E. Council, Deputy Registrar

Date May 27, 1987

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES
\$5.00

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Madeline Ketcham the 26 day
of April A.D. 19 88 at 3:09 o'clock P.M., and duly recorded in Vol. M88
of Deeds on Page 6607

FEE \$5.00

Evelyn Biehn, County Clerk
By Bernetha A. Ketcham