

## CERTIFICATE OF VITAL RECORD

OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

## CERTIFICATE OF DEATH

State File Number

D - 1627 I.D. TAG NO		138-	
301 Local File Number			
1. DECEDENT'S NAME First: Harold Eugene Last: YOUNG		2 SEX M	3 DATE OF DEATH (Month, Day, Year) August 13, 1988
4 SOCIAL SECURITY NUMBER 544-10-7947	5a AGE - Last Birthday (Years) 66	5b UNDER 1 YEAR Days: Hours: Mins.	5c UNDER 1 DAY Hours: Mins.
6 BIRTHPLACE (City and State or Foreign Country) Denver, Colorado		7 DATE OF BIRTH (Month, Day, Year) June 4, 1922	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> In-home <input type="checkbox"/> In a hospital <input type="checkbox"/> In a nursing home <input type="checkbox"/> In a hospice <input type="checkbox"/> In a long-term care facility <input type="checkbox"/> In a correctional institution <input type="checkbox"/> In a military facility <input type="checkbox"/> In a foreign country			
10a. FACILITY NAME (If not residential, give street and number) 920 Loma Linda		10b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10c. COUNTY OF DEATH Klamath			
11a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Real Estate Broker		11b. KIND OF BUSINESS/INDUSTRY Real Estate	
12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		13 SPOUSE (If Married, Widowed) Betty	
14a. RESIDENCE - STATE Oregon		14b. CITY, TOWN, OR LOCATION Klamath Falls	
14c. STREET AND NUMBER 920 Loma Linda			
15 INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16 ZIP CODE 97601	
17a. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race, if yes - if yes, specify race) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		18 RACE (American Indian, Black, White, etc. (Specify)) White	
19a. EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12)		19b. GRADE (1-4 or 5+) 4	
20a. FATHER - NAME (first, middle, last) Carl - Young		20b. MOTHER - NAME (first, middle, last) Josephine - Taylor	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation to State <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Mem. Gardens	
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		22b. LICENSE NUMBER (Of License) 3224	
23a. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, Oregon 97601		23b. LOCATION - City or Town, State Klamath Falls, Oregon	
24. TIME OF DEATH 1:50 P.M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) James Novak MD			
26. DATE SIGNED (Month, Day, Year) 8-15-88			
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James Novak, MD - 1905 Main St. - Klamath Falls, Oregon 97601			
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)			
29. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE. SEE INSTRUCTIONS FOR (a), (b), AND (c)). Do not enter mode of death, e.g. Cardiac or Respiratory Arrest. PART I (a) Metastatic Carcinoma of the Prostate DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II (d) OTHER SIGNIFICANT CONDITIONS - Correlate one or more contributing to death but not related to cause given in PART I (a) 30. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide			
32a. DATE OF INJURY (Month, Day, Year)		32b. TIME OF INJURY	
32c. PLACE OF INJURY - At home, farm, store, factory, office, bus, etc. (Specify)		32d. DESCRIBE HOW INJURY OCCURRED	
33. REGISTRAR'S SIGNATURE Michelle Borty		34. DATE FILED (Month, Day, Year) AUG 16 1988	
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		36. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE			

## ORIGINAL - VITAL STATISTICS COPY

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED AUG 17 '88

Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Betty Young the 18th day  
of Aug. A.D. 1988 at 2:14 o'clock P.M., and duly recorded in Vol. M88  
of Deeds on Page 13385

Evelyn Biehn County Clerk

By Michelle Borty

FEE \$8.00

Return: Betty Young  
920 Loma Linda, K. Falls, Or. 97601