CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

91993

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

85-005677
State File Number

109
Local File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

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DECEDENT

- Deceased—Name (First, Middle, Last): RICHARD HENRY MITCHELL
- Date of Death: March 21, 1985
- Sex: Male
- Date of Birth: February 3, 1916
- Race: Black (2)
- Age—Last Birthday (years): 69
- County of Death: Klamath
- City, Town or Location of Death: Klamath Falls
- Hospital or Other Institution—Name: West Medical Center
- If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient: Emer. Room
- Was decedent ever in U.S. Armed Forces?:
- State of Birth: Texas
- Citizen of What Country: U.S.A.
- Married, Never Married, Widowed, Divorced: Married
- Spouse: Mary
- Social Security Number: 452-14-3956
- Usual Occupation: Construction Worker - Ret
- Kind of Business or Industry: Construction
- Residence—State: Oregon
- County: Klamath
- City, Town or Location: Bly
- Street and Number or R.F.D., Zip: PO Box 103, 97622
- Inside City Limits: Yes
- Father—Name: Andrew Mitchell
- Mother—Name: Lilia Levy
- Informant—Name & relationship to deceased: Mary Mitchell - Spouse

DISPOSITION

- Burial, Cremation, Removal, Other: Cremation
- Cemetery or Crematory—Name: Eternal Hills Memorial Gardens
- Location: Klamath Falls, Ore.
- Funeral Service Licensee (Signature): Tim Lancaster
- Name and Address of Facility: WARD'S - 1945 Main St. - Klamath Falls, Ore.

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CERTIFIER

- To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature): [signature]
- Date Signed:
- Hour of Death: 11:32 P. M
- Name and Address of Certifier: Jon McKellar, MD 2300 Clairmont Klamath Falls, Ore.
- Name of Attending Physician if Other Than Certifier:
- Registrar (Signature): [signature]
- Date Received by Registrar: MAR 25 1985

CAUSE OF DEATH

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

- Part I (a) Immediate Cause: Sudden Collapse @ home - unknown natural causes — Interval between onset and death: 15 min
- (b) Due to, or as a consequence of: (Probable MI by Hx)
- (c) Due to, or as a consequence of:
- Part II Other Significant Conditions:
- Autopsy: No
- Was Medical Examiner Notified: No

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- Accident: No
- Date of Injury:
- Hour of Injury:
- Describe How Injury Occurred:
- Injury at Work:
- Place of Injury:
- Location:

RESERVED FOR REGISTRAR'S USE

45-2 REV 12/83

'88 SEP 29 PM 12 12

ORIGINAL—VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED AUG 01 1988

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Young the 28th day of Sept. A.D., 19 88 at 12:12 o'clock P. M., and duly recorded in Vol. M88 of Deeds on Page 16185.

Evelyn Biehn, County Clerk
By [signature]

FEE $8.00
Return: Mary Young
P.O. Box 103, Bly, Or. 97622