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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

B-8472 I.D. TAG NO. | 136- State File Number | 250 Local File Number

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First Harold; Middle LeVoy; Last ERICKSON
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): July 10, 1988
4. SOCIAL SECURITY NUMBER: 468-22-9688
5a. AGE - Last Birthday (Years): 65
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Roseau, Minnesota
7. DATE OF BIRTH (Month, Day, Year): July 8, 1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9d. COUNTY OF DEATH: Klamath
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Marine Engineer
10b. KIND OF BUSINESS/INDUSTRY: Merchant Marines
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Patricia J.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3904 Redondo Way
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Oscar — Erickson
18. MOTHER - NAME first middle maiden: Margaret — Dokkin
19. INFORMANT - NAME and relationship to deceased: Patricia J. Erickson, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon 97603
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b. LICENSE NUMBER (Or Licensee): 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth St., Klamath Falls, Oregon 97603-7194

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 18:05 PM
WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26. DATE SIGNED (Month, Day, Year): July 11, 1988
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): John J. Kleeman, MD, 1905 Main St., Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): George B. Peden, MD, 2865 Dagget Street, Klamath Falls, Oregon 97601

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)
PART I (a) Malignant Meso Theliomo.
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death: 1986
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

REGISTRAR

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY occurred
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
37. REGISTRAR'S SIGNATURE: Michelle Bottiff
38. DATE FILED (Month, Day, Year): JUL 11 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
RESERVED FOR REGISTRAR'S USE

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

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED SEP 8 1999

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patricia Erickson the 28th day of Sept. A.D., 19 88 at 2:04 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 16195.

Evelyn Biehn, County Clerk
By Pauline Millenolare

FEE $8.00
Return: Patricia Erickson
3904 Rodondo Way, Klamath Falls,Or,97603