

94736

Vol. m88 Page 20910

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

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
TRANSCRIPTION
SEE
HANDBOOK

DECEASED
DEATH
CURRENT IN
TITUTION
HANDBOOK
PLETION OF
DECEASE ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
TATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

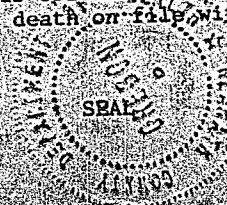
DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
ALBA		BURT		COMER				April 17, 1987	
RACE (Specify)		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Male		71		mo. days hours min.		October 25, 1915	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL 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	
Klamath Falls		Merle West Medical Center				Inpatient		Klamath	
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)	
Oregon		U.S.A.		Married		Marjorie		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY			
543-10-2680		Auto Painter - Ret.				Automobile			
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Klamath Falls		3500 Summers Ln.		97603	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased		LOCATION		Inside City Limits (specify yes or no)	
James Comer		Melissa Smith		Marjorie Comer - Wife		Klamath Falls, Ore.		No	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME				LOCATION			
Burial		Eternal Hills Memorial Gardens				Klamath Falls, Ore.			
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
Jim Kancaster		Ward's / 1945 Main St. / Klamath Falls, Ore. 97601							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature)		21b Apr 20 '87		21c 6:20 A. M.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP							
21d Earle M. LeVernois, MD - 2628 Campus Dr. - Klamath Falls, Oregon		97601							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
April 21, 1987		22b (Signature) - Theodore E. Chavira							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death							
(a) Cardiac Pump Failure		Terminal							
(b) MCA of Prost.		Interval between onset and death							
(c) ICA of Prost.		Known 3yrs							
PART II 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 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		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		26h		26i	
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. 8-86

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 Theodore E. Chavira, Deputy Registrar
Date May 6, 1987
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marjorie Comer the 8th day
of Dec. A.D. 19 88 at 10:10 o'clock AM., and duly recorded in Vol. M88
of Deeds on Page 20910

Evelyn Biehn County Clerk

By Pauline Muelenaer

FEE \$8.00
Return: Marjorie Comer
3500 Summers Ln, #28, Klamath Falls, Or. 97603