CERTIFICATION OF VITAL RECORD

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Return to: Hazel Carter
2295 Logos Ct.
Grand Junction, Colorado
81505 K-41082

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

B 3840
ID TAG NO.

CERTIFICATE OF DEATH

ORS 146

Local File Number: 371

State File Number:

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

DECEDENT

DECEDENT — NAME (First, Middle, Last): ELDIN LOUIS CARTER

2 DATE OF DEATH (month, day, year): September 30, 1987

6 DATE OF BIRTH (month, day, year): October 22, 1918

1 RACE (White, Black, American Indian, etc.) (specify): White

3 SEX: Male

4 AGE — Last birthday (years): 68

5a If Under 1 year: mos. 5b days

5c If Under 1 day: hours min.

7c IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient (specify)

7d COUNTY OF DEATH: Klamath

7a CITY, TOWN OR LOCATION OF DEATH: Dairy

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Rt. 2

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

8 STATE OF BIRTH (If not in U.S.A., name country): Iowa

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Hazel

13 SOCIAL SECURITY NUMBER: 515 - 05 - 6391

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder

14b KIND OF BUSINESS OR INDUSTRY: Self Employed

14c STREET AND NUMBER OR R.F.D.: 3240 199 th N.W. ZIP: 55303

13e Inside City Limits (specify yes or no): No

15a RESIDENCE — STATE: Minnesota

15b COUNTY: Anoke

15c CITY, TOWN OR LOCATION: Anoke

15d INFORMANT — NAME and relationship to deceased: Hazel Carter - Wife

16 FATHER — NAME (first, middle, last): Gordon Carter

17 MOTHER — (First, middle, last (Maiden Name)): Marie Padden

18 LOCATION (city or town, state): Klamath Falls, Ore.

19a DISPOSITION — BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601

CERTIFIER

MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): 10:45 P.M

21b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year; Hour): Sept. 30, 1987 10:45 P.M

21c FROM — NATURAL CAUSES ☒ HOMICIDE ☐ ACCIDENT ☐ UNDETERMINED ☐ SUICIDE ☐ PENDING ☐

21d CERTIFIER (Signature): W Bartlett

21e NAME AND TITLE — (Type or Print): William Bartlett, MD

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): 10/2/87

21h

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 5 1987

22b REGISTRAR (Signature): Michelle Batliff

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

CAUSE OF DEATH

PART I — (ENTER ONLY ONE CAUSE PER LINE (a), (b), (c), AND (d).)

23 IMMEDIATE CAUSE (a): Cardiac Dysrhythmia — Interval between onset and death: Hours

(b) DUE TO, OR AS A CONSEQUENCE OF: Acute myocardial infarction — Interval between onset and death: 11 months

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(d)

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Bypass surgery

24 AUTOPSY (Specify Yes or No): No

25a DATE OF INJURY (Month, Day, Year): — 25b HOUR: — 25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): —

25d INJ. AT WORK (Specify Yes or No): — 25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): — 25f LOCATION (Street or R.F.D. No., City or Town, County, State): —

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

45-107 Rev. 1-86

ORIGINAL—VITAL STATISTICS COPY

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

DATE ISSUED: OCT 5 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 21st day of Dec. A.D., 19 88 at 1:38 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 21711.

Evelyn Biehn County Clerk

By Doreline Millendore

FEE $8.00