OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

3959

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

A 0636 — ID TAG NO.
407 — Local File Number
86-018951 — State File Number

CERTIFICATE OF DEATH

1 DECEASED — NAME: LATHEN (First) EDGAR (Middle) KINCAID (Last)
2 DATE OF DEATH (month, day, year): October 22, 1986
3 RACE White, Black, American Indian, etc (Specify): White
4 SEX: Male
5a AGE — Last birthday (years): 63
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): November 15, 1922
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL (If not in a hospital, give street and number): Merle West Medical Center
7c IF HOSP OR INST: Indicate DOA, OP, Emer Rm, Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Colorado
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Alice
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): Yes
13 SOCIAL SECURITY NUMBER: 540-20-7784
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Keeper - Ret. 365850
14b KIND OF BUSINESS OR INDUSTRY: Oregon Tech. - Athletic dp.
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 4352 Altamont Dr. ZIP 97603
15e Inside City Limits (Specify yes or no): No
16 FATHER — NAME first middle last: Frank Kincaid
17 MOTHER — first middle last (Maiden Name): Ida Belle Holden
18 INFORMANT — NAME and relationship to deceased: Alice Kincaid / Wife
19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify): Cremation
19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
19c LOCATION city or town state: Klamath Falls, Ore
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Suzi Lancaster
20b NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601

20c To be Completed by CERTIFIED PHYSICIAN Only
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature): Robert Brand MD
21b DATE SIGNED (Mo., Day, Year): 10/23/86
21c HOUR OF DEATH: 11:10 PM
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, MD - 2616 Clover - Klamath Falls, Ore. ZIP 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day. Year): October 24, 1986
22b REGISTRAR (Signature): Roxanne E. Cranmile

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Extensive CVA — Interval between onset and death: 10/10/86-13 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Acute hypertensive encephalopathy with shock — Interval between onset and death: 10/10/86-13 days
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a): Wood's cirrhosis
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo. Day. Year)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No)
26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐ " not available"
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL–VITAL STATISTICS COPY

45-2 Rev 1-86

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 10 1989

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

$8.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Alice Kincaid the 16th day of Aug. A.D., 19 89 at 3:15 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 15225.

Evelyn Biehn County Clerk
By Darlene Mackenzie

FEE $8.00

Return: Alice Kincaid
2425 Vine St., Klamath Falls, Or. 97601