CERTIFICATION OF VITAL RECORD

7952

MTC 22326

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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

CERTIFICATE OF DEATH
ORS – 146

Local File Number: 109

State File Number: 83-009357

1 DECEASED – NAME (FIRST / MIDDLE / LAST)	LYLE	MOUNT	DURRELL	2 DATE OF DEATH (MONTH, DAY, YEAR)	About May 8, 1983
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	White	4 SEX: Male	5A AGE – LAST BIRTHDAY (YEARS): 75	UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): April 6, 1908
7A CITY, TOWN, OR LOCATION OF DEATH	East of Bonanza	7B HOSPITAL OR OTHER INSTITUTION – NAME (IF NOT IN EITHER, GIVE STREET & NO.)	Forest Ser Rd # 334	7C IF HOSP. OR INST., INDICATE DOA, OP, EMER, RM., INPATIENT (SPECIFY)	7D COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Oregon	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
				11 SPOUSE (IF MARRIED, WIDOWED)	Mildred Fay
				12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	No
13 SOCIAL SECURITY NUMBER	543 - 10 - 9578	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Refrigeration Mech. / Ret	14B KIND OF BUSINESS OR INDUSTRY	Retail Services
15A RESIDENCE – STATE	Oregon	15B COUNTY	Klamath	15C CITY, TOWN, OR LOCATION	Klamath Falls
15D STREET AND NUMBER OR R.F.D.	727 N. 9th Street	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes		
16 FATHER – NAME (FIRST / MIDDLE / LAST)	George Lester Durrell	17 MOTHER – MAIDEN NAME (FIRST / MIDDLE / LAST)	Lottie Mae Bigham	18 INFORMANT – NAME AND RELATIONSHIP TO DECEASED	James L. Durrell / Son
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Burial	19B CEMETERY OR CREMATORY – NAME	Mt. Calvary Cemetery	19C LOCATION – CITY OR TOWN / STATE	Klamath Falls, Oregon
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH – SIGNATURE	[signature]	20B NAME AND ADDRESS OF FACILITY	WARD'S / 1945 Main / Klamath Falls, Oregon 97601		

CERTIFICATION – MEDICAL EXAMINER

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

21A DEATH OCCURRED (HOUR)	THE DECEDENT WAS PRONOUNCED DEAD (MONTH / DAY / YEAR / HOUR)	FROM:			
?	Found May 21, 1983 5:30 P.M.	NATURAL CAUSES [X]	ACCIDENT [ ]	SUICIDE [ ]	
		HOMICIDE [ ]	UNDETERMINED [ ]	PENDING [ ]	

21D CERTIFIER – SIGNATURE	21E NAME – (TYPE OR PRINT) / DEGREE OR TITLE	
[signature]	George R. Nicholson, MD	
21F MEDICAL EXAMINER FOR: Klamath COUNTY	21G DATE SIGNED (MONTH, DAY, YEAR)	MAY 31 1983

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	22B REGISTRAR (SIGNATURE)	
MAY 31 1983	[signature]	

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — INTERVAL BETWEEN ONSET AND DEATH:
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) — 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 (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-89

ORIGINAL–VITAL STATISTICS COPY

RETURN: Mildred Durrell
1604 N. Harrison
Kennewick, WA 99336

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 OCT 30 1989

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 16th day of Nov. A.D., 19 89 at 11:47 o'clock A.M., and duly recorded in Vol. M89, of Deeds on Page 22186.

Evelyn Biehn County Clerk
By [signature]

FEE $8.00