55294
I.D. TAG NO.
412
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Harol; Middle: Keesee; Last: PARRISH
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Sept. 19, 1989
4. SOCIAL SECURITY NUMBER: 540/26/4585
5a. AGE - Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Nixa, Missouri
7. DATE OF BIRTH (Month, Day, Year): April 17, 1920
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 Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath

1 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Bus Driver
10b. KIND OF BUSINESS/INDUSTRY: School District
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Harriett

2 13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Sprague River
13d. STREET AND NUMBER: PO Box 381 (Rural)

3 13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97639
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): 12; College (1-4 or 5+):

4 **PARENTS**
17. FATHER - NAME first middle last: Thurman - Parrish
18. MOTHER - NAME first middle maiden: Neva - Keesee
19. INFORMANT - NAME and relationship to deceased: Harriett Parrish / Wife

5 **DISPOSITION**
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Paiutte Cemetery
20c. LOCATION - City or Town, State: Beatty, Oregon

6 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

7 **REGISTRAR**
23. DATE FILED (Month, Day, Year): SEP 20 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

8 **CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 0321
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge death occurred at the time, date, place and due to the cause(s) and manner of stated. (Signature): [signature]
30. DATE SIGNED (Month, Day, Year): 9/19/89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH:
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year)
COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): G. Craig Merlioff, MD / 2680 "C" Uhrmann Road / Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

9 **CAUSE OF DEATH**

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

36. 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) Cardiac Arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Angina — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Unspecified Agonendya — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
Rheumatic Heart Disease Mitral Valve Stenosis and Valvu

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY occurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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.

DATE ISSUED NOV 16 1989

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Harriett Parrish the 16th day of Nov. A.D., 19 89 at 4:31 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 22233.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Harriett Parrish
Box 381, Sprague River, Or. 97639