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

03975 ID TAG NO.

00847 Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF DENCE ITEMS

1 DECEASED — NAME (First) Kenneth	(Middle) Milan	(Last) LINKLATER	2 DATE OF DEATH (month, day, year) May 21, 1986		
3 RACE White, Black, American Indian, etc. (specify) White	4 SEX Male	5a AGE — Last birthday (years) 68	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.	6 DATE OF BIRTH (month, day, year) August 24, 1917
7a CITY, TOWN OR LOCATION OF DEATH Springfield	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 25 Seward	7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)	7d COUNTY OF DEATH Lane		
8 STATE OF BIRTH (If not in U.S.A., name country) Washington	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Dorothy Linklater	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) Yes	
13 SOCIAL SECURITY NUMBER 720-03-2941	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millright	14b KIND OF BUSINESS OR INDUSTRY Logging Mill			
15a RESIDENCE — STATE Oregon	15b COUNTY Lane	15c CITY, TOWN OR LOCATION Springfield	15d STREET AND NUMBER OR R.F.D. 25 Seward	ZIP 97477	15e Inside City Limits (specify yes or no) Yes
16 FATHER — NAME first middle last Milan Linklater	17 MOTHER — first middle last (Maiden Name) Amgara Weaver	18 INFORMANT — NAME and relationship to deceased Dorothy Linklater-wife			

POSITION

1 ___
2 ___
3 ___

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY — NAME Rest Haven Memorial Park	19c LOCATION city or town Eugene, Oregon	state
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Eleanore L Major	20b NAME AND ADDRESS OF FACILITY Major-Fredericksen Funeral Home 112 N. "A" St. Springfield, OR 97477		

CERTIFIER

To be Completed by CERTIFYING 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) James F. Fitzgibbons	21b DATE SIGNED (Mo., Day, Year) May 22, 1986	21c HOUR OF DEATH 1935 M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Eugene ZIP:

21d James F. Fitzgibbons 677 E. 12th Ave. Suite 200 97401

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) May 23 1986	22b REGISTRAR (Signature) Marjorie M Rainey, Deputy

CAUSE OF DEATH

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).] — Interval between onset and death

(a) advanced cancer of lung (adenocarcinoma) — 1½ Years

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	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY M	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 ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

STATE OF OREGON, COUNTY OF LANE

DATE May 23, 1986

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.

David L. White
Registrar of Vital Statistics

By Marjorie M Rainey
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 26th day of Dec. A.D., 19 89 at 1:52 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 24824.

Evelyn Biehn County Clerk
By Bernetha Hyloch

FEE $8.00

Return: Western Pioneer Title Co.
P.O. Box 10146, Eugene, Or. 97440