

12-19

Vol 1992 Page 4729

4713

ID TAG NO

Local File Number

STATE OF OREGON
REGIONAL HEALTH COMMISSION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

IF DEATH
OCCURRED IN
HOSPITAL
OR IN
NURSING
HOME
OR IN
HOSPITAL
OF
LONG-TERM
CARE
FILL IN
THIS
SECTION

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED - NAME (First, middle, last) WARREN		Last MOREHEAD		DATE OF DEATH (month, day, year) June 28, 1987	
2. RACE (White, Black, American Indian, etc.) White		SEX Male		AGE - Last birthday (years) 82	
3. CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME Klamath Convalescent Center		DATE OF BIRTH (month, day, year) March 18, 1905	
4. STATE OF BIRTH (if not in U.S., name country) Kansas		CITIZEN OF U.S. (Country) U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
5. SOCIAL SECURITY NUMBER 365-10-3047		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter - Ret.		KIND OF BUSINESS OR INDUSTRY Construction	
6. RESIDENCE - STATE Oregon		COUNTY Klamath		CITY, TOWN OR LOCATION Klamath Falls	
7. FATHER - NAME (First, middle, last) L.F. Morehead		MOTHER - NAME (First, middle, last) Florence R. Ball		STREET AND NUMBER OR R.F.D. 4041 Douglas	
8. MARRIAGE - DATE (month, day, year) June 28, 1987		SPOUSE (If married, widowed) Helen		ZIP 97603	
9. BIRTH - DATE (month, day, year) March 18, 1905		CITY, TOWN OR LOCATION Klamath Falls		STATE Oregon	
10. DEATH - DATE (month, day, year) June 28, 1987		CITY, TOWN OR LOCATION Klamath Falls		STATE Oregon	
11. DEATH - TIME (hour, minute) 7:00 P.		CITY, TOWN OR LOCATION Klamath Falls		STATE Oregon	
12. DEATH - PLACE (City, town, location) Klamath Falls		CITY, TOWN OR LOCATION Klamath Falls		STATE Oregon	
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ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date JUL 6 1987

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Nadine Shepherd the 14th day of March A.D., 19 92 at 12:19 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 4729.

Evelyn Biehn, County Clerk

By Pauline Muelender

FEE \$8.00

Return: Nadine Shepherd
5640 Jennifer Ln, Klamath Falls, Or. 97603

'90 MAR 14 PM 12:19