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After Recording return to:
Klamath First Federal
540 Main St.
Klamath Falls, OR 97601

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

# CERTIFICATE OF DEATH

00695 ID TAG NO.
325 Local File Number
State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

**DECEDENT**

DECEASED — NAME: 1 Orval Keith MUSGROVE (First Middle Last)
DATE OF DEATH (month, day, year): 2 September 1, 1987
SEX: 4 Male
AGE — Last birthday (years): 5a 67
Under 1 year: mos. / days
Under 1 day: hours / min. 5c
DATE OF BIRTH (month, day, year): 6 September 27, 1919
RACE White, Black, American Indian, etc. (specify): 3 White
CITY, TOWN OR LOCATION OF DEATH: 7a Klamath Falls
HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 7b Merle West Medical Center
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): 7c Inpatient
COUNTY OF DEATH: 7d Klamath
STATE OF BIRTH (If not in U.S.A., name country): 8 Oregon
CITIZEN OF WHAT COUNTRY: 9 U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married
SPOUSE (IF MARRIED, WIDOWED): 11 Fern Musgrove
WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): 12 Yes
SOCIAL SECURITY NUMBER: 13 541-03-2113
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Plumbing Contractor
KIND OF BUSINESS OR INDUSTRY: 14b Construction
RESIDENCE — STATE: 15a Oregon
COUNTY: 15b Klamath
CITY, TOWN OR LOCATION: 15c Klamath Falls
STREET AND NUMBER OR R.F.D.: 15d 5800 Airway Dr.
ZIP: 97603
Inside City Limits (specify yes or no): 15e No
FATHER — NAME (first middle last): 16 Ardell - Musgrove
MOTHER — (first middle last (Maiden Name)): 17 Etta C. Robb
INFORMANT — NAME and relationship to deceased: 18 Fern Musgrove - wife

**DISPOSITION**

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial
CEMETERY OR CREMATORY — NAME: 19b Eternal Hills Memorial Gardens
LOCATION (city or town, state): 19c Klamath Falls, Ore.
FUNERAL SERVICE LICENSEE or person acting as such (Signature): 20a Myra L. Fawver
NAME AND ADDRESS OF FACILITY: 20b O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, Ore.

**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
DATE SIGNED (Mo., Day, Year): 21b September 1, 1987
HOUR OF DEATH: 21c 1:28 A. M
21a (Signature)
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Blake Berven, M.D. 2616 Clover Klamath Falls, Oregon ZIP: 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a SEP 2 1987
REGISTRAR: 22b (Signature) Michelle Batliff

**CAUSE OF DEATH**

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

| | | Interval between onset and death |
|---|---|---|
| 4 | 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) PART I (a) Pneumonia | 12 hours |
| 5 | DUE TO, OR AS A CONSEQUENCE OF: (b) Refractory congestive heart failure | 16 days |
| 6 | DUE TO, OR AS A CONSEQUENCE OF: (c) ASHD, Mitral valve replacement | 5/79 |

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

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

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

45-2 Rev 6-86

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED SEP 2 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 25th day of May A.D., 19 90 at 4:29 o'clock PM., and duly recorded in Vol. M90, of Deeds on Page 10103.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $8.00