17911

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

Vol M90 Page 14630

CERTIFICATE OF DEATH

31 — Local File Number — State File Number

DECEASED—NAME (First / Middle / Last): HERMAN / SABIN

DATE OF DEATH (month, day, year): January 24, 1985

1. **RACE** (White, Black, American Indian, etc. (specify)): White
2. **SEX**: Male
3. **AGE**—Last birthday (years): 60 — Under 1 year: mos. / days — Under 1 day: hours / min.
4. **DATE OF BIRTH** (month, day, year): December 26, 1924
5. **CITY, TOWN OR LOCATION OF DEATH**: Klamath Falls
6. **HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number): West Medical Center
7. **IF HOSP. OR INST.** Indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient
8. **COUNTY OF DEATH**: Klamath
9. **STATE OF BIRTH** (If not in U.S.A. name country): North Dokota
10. **CITIZEN OF WHAT COUNTRY**: U.S.A.
11. **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (specify): Married
12. **SPOUSE** (IF MARRIED, WIDOWED): Jennie
13. **WAS DECEDENT EVER IN U.S. ARMED FORCES?** (Specify Yes or No): Yes
14. **SOCIAL SECURITY NUMBER**: 501-12-5859
15. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Rancher
16. **KIND OF BUSINESS OR INDUSTRY**: Ranching
17. **RESIDENCE—STATE**: Oregon
18. **COUNTY**: Klamath
19. **CITY, TOWN, OR LOCATION**: Klamath Falls
20. **STREET AND NUMBER OR R.F.D.—ZIP**: 3356 Shasta Way 97603
21. **Inside City Limits** (specify yes or no): No
22. **FATHER**—NAME first middle last: Herbert Sabin
23. **MOTHER**—first middle last (Maiden Name): Minnie
24. **INFORMANT**—NAME and relationship to deceased: Jennie Sabin - Spouse
25. **BURIAL, CREMATION, REMOVAL, MAUS.** (specify): Burial
26. **CEMETERY OR CREMATORY**—NAME: Paiute Cemetery
27. **LOCATION** city or town, state: Near Beatty, Oregon
28. **FUNERAL SERVICE LICENSEE** Or Person Acting As Such [Signature]: Jim Lancaster
29. **NAME AND ADDRESS OF FACILITY**: WARD'S - 1945 Main St. - Klamath Falls, Ore. 97601

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

30. **DATE SIGNED** (Mo., Day, Yr.): 1/28/85
31. **HOUR OF DEATH**: 1:00 A.M.
32. **NAME AND ADDRESS OF CERTIFIER** (Type or Print): F. Geoffrey Marx, MD 2614 Clover Klamath Falls, Oregon
33. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER** (Type or Print):
34. **DATE RECEIVED BY REGISTRAR** (Mo., Day, Yr.): JAN 30 1985
35. **REGISTRAR** [Signature]: Marian E. Ackerman

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

36. (a) DUE TO, OR AS A CONSEQUENCE OF: Acute Myocardial Infarction — Interval between onset and death: 4 hrs.
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(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).

37. **AUTOPSY** (Specify Yes or No): Yes
38. **WAS MEDICAL EXAMINER NOTIFIED** (Specify Yes or No): Yes

39. **ACCIDENT** (Specify Yes or No): No
40. **DATE OF INJURY** (Mo., Day, Yr.):
41. **HOUR OF INJURY**:
42. **DESCRIBE HOW INJURY OCCURRED**:
43. **INJURY AT WORK** (Specify Yes or No):
44. **PLACE OF INJURY**—At home, farm, street, factory, office building, etc. (Specify):
45. **LOCATION**—STREET OR R.F.D. NO. / CITY OR TOWN / STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 12-83

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 E. Ackerman, Deputy Registrar

Date JAN 30 1985

VOID IF ALTERED

(SEAL) DEPARTMENT OF HUMAN RESOURCES KLAMATH COUNTY OREGON

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jennie Sabin the 23rd day of July A.D., 19 90 at 3:52 o'clock PM., and duly recorded in Vol. M90, of Deeds on Page 14630.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Jennie Sabin
3356 Shasta Way, Klamath Falls, Or. 97603