OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M91 Page 18736

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

CERTIFICATE OF DEATH

06254 — ID TAG NO.
125 — Local File Number
86-005627 — State File Number

1. DECEASED — NAME: First: Kenneth; Middle: James; Last: NELSON
2. DATE OF DEATH (month, day, year): March 31, 1986
3. RACE (White, Black, American Indian, etc. specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 70
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): December 19, 1915
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): West Medical Center
7c. IF HOSP OR INST (Indicate DOA or Emer. Rm. Inpatient (specify)): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Minnesota
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): Evelyn Mae Herron
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 543-10-2628
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contractor 558.060
14b. KIND OF BUSINESS OR INDUSTRY: Self Employed
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 2611 Vermont Street ZIP 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first middle last: Dave — Nelson
17. MOTHER — first middle last (Maiden Name): Vivian — Wilkinson
18. INFORMANT — NAME and relationship to deceased: Eugene Nelson, son
19a. BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial
19b. CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
19c. LOCATION city or town, state: Klamath Falls, Oregon 97603
20a. FUNERAL SERVICE LICENSEE (Signature and title): William F. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 1620 South Sixth Street, Klamath Falls, Oregon 97603-7194

To be Completed by CERTIFYING PHYSICIAN Only

21a. (To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature] MD
21b. DATE SIGNED (Mo., Day, Year): April 1, 1986
21c. HOUR OF DEATH: 8:17 P.M.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Dave Seeley, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21f.

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): APR 2 1986
22b. REGISTRAR (Signature): Darlene E. Crawford

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

23. IMMEDIATE CAUSE (a): Acute Sepsis — Interval between onset and death: Immed
DUE TO, OR AS A CONSEQUENCE OF (b): Infection Myocardial in Pneumonia — Interval between onset and death: 48 hrs.
DUE TO, OR AS A CONSEQUENCE OF (c): Coronary Heart Disease — Interval between onset and death: Unknown

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): No
26b. DATE OF INJURY (Mo., Day, Year)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY OCCURRED
26e. INJURY AT WORK (Specify Yes or No): 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. 1-88

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

DATE ISSUED SEP 16 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Emma Phillips the 17th day of Sept. A.D., 1991 at 2:19 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 18736

Evelyn Biehn County Clerk
By Pauline Muelendore

FEE $8.00

Return: Emma Phillips
2611 Vermont, Klamath Falls, Or. 97603