

8781

RETURN TO: Klamath County Title Co. STATE OF OREGON

422 Main St.

Klamath Falls, OR

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records UnitVol. M95 Page 30480

K-48544

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month day year)	
WALTER		L.		THOMPSON	July 16, 1985	
RACE White Black American Indian etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year mos days	Under 1 day hours min	DATE OF BIRTH (month day year)	
White	Male	89			October 12, 1895	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)			IF HOSP OR INST indicate DOA, OP, Emer, Rm, Inpatient (Specify)	
Klamath Falls		Highland Care Center			7c Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH
Mississippi	U.S.A.	Married		Alta Thompson		7a Klamath
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of work life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
540-03-0281		Shipping Clerk		Lumber		12 Yes
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify Yes or No)
Oregon	Klamath	Klamath Falls		1545 Sargent St. 97603		No
FATHER—NAME first middle last		MOTHER—first middle last (Maiden Name)		INFORMANT—NAME and relationship to deceased		
Archibald - Thompson		Belle - Ford		Alta Thompson, Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME			LOCATION city or town State		
19a Cremation	19b Klamath Cremation Service			19c Klamath Falls, Ore.		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
Mike Ma		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,				
20a 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 Yr)		HOUR OF DEATH		
21a (Signature) Raymond Tice		M.D.		21b 7-16-85		21c 12:08 A. M
NAME AND ADDRESS OF CERTIFIER (Type or Print)						
21d Raymond Tice, M.D., Oregon Bld., 10th & Main St., Klamath Falls, Ore. 97601						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e						
DATE RECEIVED BY REGISTRAR (Mo. Day Yr)		REGISTRAR				
22a JUL 17 1985		22b (Signature) Katherine E. Camacho				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death				
(a) Myocardial infarction		- 8 hours				
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
Sonility		24 No		25 No		
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo. Day Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
26a	26b	26c	26d			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	STATE	
26e	26f	26g				
RESERVED FOR REGISTRAR'S USE						

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 128

STATE OF OREGON
County of KlamathThis 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 Katherine E. Camacho, Deputy RegistrarDate July 17, 1985
VOID IF ALTEREDNOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT
OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 7th day
of November A.D., 19 95 at 3:16 o'clock P M., and duly recorded in Vol. M95
of Deeds on Page 30480.

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Annette Mueller