9029 MTC 36161 MS 11-13-95P03:58 RCVD Vol M95 Page 30966

B 2579 ID TAG NO.

449 Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK.

DECEDENT

DECEASED — NAME: First: Louis; Middle: Ivan; Last: WARREN

DATE OF DEATH (month, day, year): 2 November 23, 1986

RACE White, Black, American Indian, etc. (specify): 3 White

SEX: 4 Male

AGE — Last birthday (years): 5a 74

Under 1 year: mos. 5b; days; Under 1 day: hours 5c; min.

DATE OF BIRTH (month, day, year): 6 March 18, 1912

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 Emerg. Rm.

COUNTY OF DEATH: 7d Klamath

STATE OF BIRTH (If not in U.S.A., name country): 8 Colorado

CITIZEN OF WHAT COUNTRY: 9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): Maartje Warren

WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): 12 No

SOCIAL SECURITY NUMBER: 13 521-14-4887

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Heavy Equipment Operator

KIND OF BUSINESS OR INDUSTRY: 14b Lumber Mill

RESIDENCE — STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D.: 15d 2943 Laverne St.

ZIP: 97603

Inside City Limits (specify yes or no): 15e No

FATHER — NAME first middle last: 16 Bartow Bee Warren

MOTHER — first middle last (Maiden Name): 17 Mary Jerema Robinson

INFORMANT — NAME and relationship to deceased: 18 Maartje Warren, Wife

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Cremation

CEMETERY OR CREMATORY — NAME: 19b Klamath Cremation Service

LOCATION city or town state: 19c Klamath Falls, Ore.

FUNERAL SERVICE LICENSEE or person acting as such (Signature): 20a Mike Mahr

NAME AND ADDRESS OF FACILITY: 20b O'Hair's Funeral Chapel, Inc., 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.

21a (Signature): Kenneth K. Magee M.D.

DATE SIGNED (Mo., Day, Year): 21b November 24, 1986

HOUR OF DEATH: 21c 1:30 A. M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Kenneth K. Magee, M.D., 1900 Main St., Klamath Falls, Ore. ZIP: 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a November 24 1986

REGISTRAR: 22b (Signature) Kathleen E. Crawford

CAUSE OF DEATH

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).): Cardiac arrest — Interval between onset and death: minutes

(a) DUE TO, OR AS A CONSEQUENCE OF: Advanced Arteriosclerotic Heart disease with old Infarction — Interval between onset and death: years

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c)

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 Yes

ACCIDENT (Specify Yes or No) 26a	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 26g	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. 6-86

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Regisrtar

Date NOV 24 1986

VOID IF ALTERED

NOT VALID WITHOUT EMBOSSED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Company the 13th day of November A.D., 19 95 at 3:58 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 30966.

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE $10.00

Return: Mountain Title Co