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21697

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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PRINT INK: G-4124 I.D. TAG NO.

285 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- 94-014045 State File Number

1. DECEDENT'S NAME: First: John	Middle: William	Last: EACRET	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): June 27, 1994	
4. SOCIAL SECURITY NUMBER: 523-16-6194	5a. AGE-Last Birthday (Years): 85	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins	6. BIRTHPLACE (City and State or Foreign Country): Cassville, MO	7. DATE OF BIRTH (Month, Day, Year): July 12, 1908

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center	9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Laborer	10b. KIND OF BUSINESS/INDUSTRY: Farming	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lillie		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3055 Lodi		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10	College (1-4 or 5+):
17. FATHER - NAME first middle last: - - -	18. MOTHER - NAME first middle maiden: Emma - -	19. INFORMANT - NAME and relationship to deceased: Bertil Hansen - grandson
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service	20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. LICENSE NUMBER (Of Licensee): 0329	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JUL 05 1994	24. REGISTRAR'S SIGNATURE: [signature]	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 14:27 M	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]	
30. DATE SIGNED (Month, Day, Year): June 28 1994	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles Bury, MD 2300 Clairmont, Klamath Falls, OR 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED (Month, Day, Year)	COUNTY

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I (a)	Inferior Myocardial Infarction	Interval between onset and death: 4 hrs.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Arteriosclerotic Heart disease	Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

	37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

RETURN TO: LILLIE EACRET
135 WALDO
CRESCENT CITY, CALIFORNIA 95531

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

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

DATE ISSUED: JUN 04 1996

'96 JUL 19 P3:22

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title the 19th day of July A.D., 19 96 at 3:22 o'clock PM., and duly recorded in Vol. M96, of Deeds on Page 21728.

Bernetha G Letsch, County Clerk
By [signature]

FEE $10.00