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PERMANENT BLACK INK

234697
I.D. TAG NO.

544
Local File Number

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

136-
State File Number

DECEDENT

1. Decedent's Name (First, Middle, Last): Kenneth Lyle CURNOW
2. Sex: Male
3. Date of Death (Month, Day, Year): November 11, 1998
4. Social Security Number: 546-30-6589
5a. Age-Last Birthday (Years): 71
5b. Under 1 Year (Mos. / Days):
5c. Under 1 Day (Hours / Mins.):
6. Birthplace (City and State or Foreign Country): Longview, WA
7. Date of Birth (Month, Day, Year): September 24, 1927
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): 1505 Madison Street, Space 77
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.): School Superintendent
10b. Kind of Business/Industry: Public Education
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify): Married
12. Spouse (If Married, Widowed): Sherry Curnow
13a. Residence - State: Oregon
13b. County: Klamath
13c. City, Town or Location: Klamath Falls
13d. Street and Number: 1505 Madison Street, Space 77
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): ; College (1-4 or 5+): 5+

PARENTS

17. Father - Name (first, middle, last): Leo Grant Curnow
18. Mother - Name (first, middle, maiden): Edna Quigley
19. Informant - Name and relationship to deceased: Sherry Curnow - Wife

DISPOSITION

20a. Method of Disposition: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place): Mount Calvary Cemetery
20c. Location - City or Town, State: Klamath Falls, Oregon
21a. Signature of Oregon Funeral Service Licensee or Person Acting as Such: [signature]
21b. Oregon License No. (Of Licensee): AF-1620
22. Name, Address and Zip of Facility: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, OR 97601

REGISTRAR

23. Date Filed (Month, Day, Year): NOV 18 1998
24. Registrar's Signature: Evelyn Simonson

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CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. Time of Death: 1:12 PM
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] M.D.
30. Date Signed (Month, Day, Year): 11-17-98

TO BE COMPLETED 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

34. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print): Blake Berven, M.D. 2818 Clover Street Klamath Falls, OR 97601
35. Name of Attending Physician if Other Than Certifier (Type or Print):

CAUSE OF DEATH

36. PART I (Conditions if any which gave rise to immediate cause stating the underlying cause last)

	Cause	Interval between onset and death
(a)	Sepsis	72 hrs
(b) Due to, or as a consequence of:	Myelodysplastic syndrome	2 1/2 yrs
(c) Due to, or as a consequence of:		

PART II. Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in PART I: Coronary artery disease

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 ☐ Other ☐ 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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: NOV 18 1998

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Sherry Curnow the 19th day of November A.D., 19 98 at 2:52 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 42460.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Ross