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234758

ID TAG NO

326

Local File Number

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

136

State File Number

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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11

CERTIFIER

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14

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

CAUSE OF

DEATH

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1 DECEDENT'S NAME Harvey Francis LOCKHART		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) July 29, 1999
4 SOCIAL SECURITY NUMBER 232-56-5856	5a AGE-Last Birthday (Years) 62	5b Under 1 Year Mos Days	5c Under 1 Day Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Fairmont, WV		7 DATE OF BIRTH (Month, Day, Year) April 16, 1937	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 4540 Douglas Street		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright		10b. KIND OF BUSINESS/INDUSTRY Weyerhaeuser	
11 MARITAL STATUS Married		12 SPOUSE (If Married Widowed Divorced (Specify)) Shirley Whitecotton	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. STREET AND NUMBER 4540 Douglas Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17-19) 9			
17 FATHER NAME first middle last Burley Lockhart		18 MOTHER NAME first middle maiden Nellie Merrill	
19 INFORMANT NAME and relationship to decedent Shirley Lockhart - Spouse			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Woodlawn Cemetery	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Richard D. Riggs</i>		21b. OREGON LICENSE NO. (Of Licensee) FS-0432	
22 NAME ADDRESS AND ZIP OF FACILITY O'Hair & Riggs Funeral Chapel 515 Pine St, Klamath Falls, OR 97601			
23 DATE FILED (Month, Day, Year) AUG 02 1999		24 REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>	

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH 2:25 P.M.	28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a TIME OF DEATH M	31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>[Signature]</i> M.D.		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) <i>[Signature]</i>	
30 DATE SIGNED (Month, Day, Year) 7/29/99		33 DATE SIGNED (Month, Day, Year) COUNTY	
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. McKellar, M.D. 2300 Clairmont Street, Klamath Falls, Oregon 97601			
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

36 PART I (a) DUE TO OR AS A CONSEQUENCE OF Lung Cancer		Interval between onset and death 1 year	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I: DM / HBP / Hypothyroidism		Interval between onset and death	
37 Did decedent use a substance to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38 ALL TISSUES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		40 #155 were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not	
41a DATE OF INJURY (Month, Day, Year)	41b TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		41e DESCRIBE HOW INJURY OCCURRED	
42 LOCATION: Street and Number or Rural Route Number, City or Town, State			

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DATE ISSUED

AUG 02 1999

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EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Shirley Beckwith

4540 Douglas Ave.

Klamath Falls, Oregon 97601

32762

State of Oregon, County of Klamath
Recorded 8/13/99, at 12:18 p.m.
In Vol. M99 Page 32761
Linda Smith,
County Clerk Fee \$ 15 42

Unofficial
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