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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 18 Page 1999

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DECEASED—NAME			First Middle Last			State File Number		
1 RAYMOND LEROY BENDER			2 DATE OF DEATH (month, day, year)			January 31, 1978		
RACE White, Black, American Indian, etc. (specify) White			SEX Male			AGE—Last birthday (years) 83		
3 COUNTY OF DEATH Klamath			4 CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			5a Under 1 year mos. days 5b Under 1 day hours min.		
7a Klamath			7b Klamath Falls			7c Kl. Co. Nursing Home		
STATE OF BIRTH (If not in U.S.A., name country) Ohio			CITIZEN OF WHAT COUNTRY USA			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		
8 SOCIAL SECURITY NUMBER 541 - 09 - 7800			10 Married			11 Eunice Bender		
13 541 - 09 - 7800			14a Superintendent - Retired			14b Crown-Zellerbach Company		
RESIDENCE—STATE Oregon			COUNTY Klamath			CITY, TOWN, OR LOCATION Klamath Falls		
15a Oregon			15b Klamath			15c 5516 Walton Dr		
FATHER—NAME first middle last Charles Bender			MOTHER—Maiden Name first middle last Fannie Dills			INFORMANT—NAME and relationship to deceased Eunice Bender - Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation			CEMETERY OR CREMATORY—NAME Eternal Hills Mem. Gardens			LOCATION city or town state Klamath Falls, Oregon		
20a James K. Howard			20b WARDS - 1945 Main - Klamath Falls, Oregon 97601			21c 1:04 A M		
21a Dr. Everett E. Howard / 2622 Campus Dr / Klamath Falls, Oregon 97601			21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21c		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEB 1 1978			REGISTRAR			22b (Signature) Marian P. Comer		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death			96 205		
(a) CHRONIC MALNUTRITION			Interval between onset and death					
(b) PSEUDOBALLOON POLY			Interval between onset and death					
(c) ARTERIO SCLEROSIS			Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) CHRONIC MENTAL ANXIETY			AUTOPSY (Specify Yes or No) No			WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No		
ACCIDENT (Specify Yes or No) No			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY		
26a No			26b			26c M		
INJURY AT WORK (Specify Yes or No) No			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f			26d		
26a			26f			26g		
RESERVED FOR REGISTRAR'S USE								

VS-2 Rev-1-78 P-65412

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marian P. Comer Deputy Registrar
Date FEB 1 1978 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of February A.D., 19 78 at 4:25 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 1999.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha A. Delach Deputy