

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 78 Page 10256

CERTIFICATE OF DEATH

Local File Number _____ State File Number _____

DECEASED—NAME First Middle Last
HARLEY JOHN THOMPSON

RACE White, Black, American Indian, etc. (Specify) **White** SEX **Male** AGE—Last birthday (years) **68** Under 1 year Under 1 day
DATE OF DEATH (month, day, year) **2 May 3, 1978**
DATE OF BIRTH (month, day, year) **6 May 25, 1909**

COUNTY OF DEATH **Multnomah** CITY, TOWN OR LOCATION OF DEATH **Portland** HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) **Laurelhurst Care Center**

7a **Multnomah** 7b **Portland** 7c **Laurelhurst Care Center**

8 **Oregon** CITIZEN OF WHAT COUNTRY **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **divorced** SPOUSE (IF MARRIED, WIDOWED) **---**

9 **USA** 10 **divorced** 11 **---**

SOCIAL SECURITY NUMBER **541 14 3608** USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Logger** KIND OF BUSINESS OR INDUSTRY **Timber**

13 **541 14 3608** 14a **Logger** 14b **Timber**

RESIDENCE—STATE **Oregon** COUNTY **Klamath** CITY, TOWN, OR LOCATION **Klamath Falls** STREET AND NUMBER OR R.F.D., ZIP **223 Pelican Ave. 97607**

15a **Oregon** 15b **Klamath** 15c **Klamath Falls** 15d **223 Pelican Ave.**

FATHER—NAME first middle last **John Rensley Thompson** MOTHER—Maiden Name first middle last **Erma Hattie Krutz**

16 **John Rensley Thompson** 17 **Erma Hattie Krutz**

BURIAL, CREMATION, REMOVAL, MAUS, (Specify) **Burial** CEMETERY OR CREMATORY—NAME **Greenwood Memorial** 18 **Lester Thompson, Brother**

19a **Burial** 19b **Greenwood Memorial** 19c **Bend Oregon**

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) **Chris J. Reynolds** NAME AND ADDRESS OF FACILITY **Niswonger-Reynolds, Inc. 105 N.W. Irving, Bend, Oregon 97701**

20a **Chris J. Reynolds** 20b **Niswonger-Reynolds, Inc. 105 N.W. Irving, Bend, Oregon 97701**

To be Completed by CERTIFYING PHYSICIAN Only
21a (Signature) **Daniel A. Amato** DATE SIGNED (Mo., Day, Yr.) **May 10, 1978** HOUR OF DEATH **1:50 A. M.**

21b **Daniel A. Amato, M.D.** 21c **1:50 A. M.**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **4300 NE. Broadway Portland, Oregon 97213**

21e **4300 NE. Broadway Portland, Oregon 97213**

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **MAY 12 1978** REGISTRAR **[Signature]**

22a **MAY 12 1978** 22b **[Signature]**

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) **ACUTE RESPIRATORY FAILURE** Interval between onset and death **1 hour**
(b) **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (BRONCHITIS)** Interval between onset and death **20 years**
(c) Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
ACCIDENT (Specify Yes or No) **No** DATE OF INJURY (Mo., Day, Yr.) **No** HOUR OF INJURY **No** DESCRIBE HOW INJURY OCCURRED **No**

26a **No** 26b **No** 26c **No** 26d **No**

INJURY AT WORK (Specify Yes or No) **No** PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) **No** LOCATION **No** STREET OR R.F.D. NO. **No** CITY OR TOWN **No** STATE **No**

26e **No** 26f **No** 26g **No**

RESERVED FOR REGISTRAR'S USE
Item #6 corrected per supplemental 5/12/78 af

Return to

Niswonger & Reynolds, Inc.
P.O. Box 229 • Bend, Oregon 97701

VS-2 Rev-1-78 P-65412

STATE OF OREGON)

Date **MAY 12 1978**

COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

Registrar of Vital Statistics

By **Aurea Fischer**
Deputy Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the **17th** day of **May** A.D., 19 **78** at **9:14** o'clock **A** M., and duly recorded in Vol **M78** of **Deeds** on Page **10256**.

FEE \$3.00

WM. D. MILNE, County Clerk

By **Dorothy M. Helwick** Deputy