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

Vol. M 11 Page 12183

49684

201
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: 1 First: Bert; Middle: LeRoy; Last: Denham

DATE OF DEATH (month, day, year): 2 June 4, 1976

RACE White, Black, American Indian, etc.(specify): 3 White

SEX: 4 Male

AGE—Last birthday (years): 5a 59

Under 1 year: 5b months, days; Under 1 day: 5c hours, min

DATE OF BIRTH (month, day, year): 6 April 8, 1919

COUNTY OF DEATH: 7a Klamath

CITY, TOWN OR LOCATION OF DEATH: 7b Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7c 2842 Kane St.

7d

STATE OF BIRTH (If not in U.S.A., name country): 8 Oklahoma

CITIZEN OF WHAT COUNTRY: 9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 Erma Ann Denham

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 Yes

SOCIAL SECURITY NUMBER: 13 558-12-6615

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Mechanic

KIND OF BUSINESS OR INDUSTRY: 14b Automobile

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN, OR LOCATION: 15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d 2842 Kane St.

Inside City Limits (specify yes or no): 15e No

FATHER—NAME first middle last: 16 Roy L. Denham

MOTHER—Maiden Name first middle last: 17 Ruth Cummins

INFORMANT—NAME and relationship to deceased: 18 Mrs. Erma Ann Denham - Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial

CEMETERY OR CREMATORY—NAME: 19b Eternal Hills Memorial Gardens

LOCATION city or town, state: 19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: 20a Merrill Bird

NAME AND ADDRESS OF FACILITY: 20b O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Calvin L. Hunt MD

DATE SIGNED [Mo., Day, Yr.]: 21b 6/5/78

HOUR OF DEATH: 21c 4:30 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Dr. Calvin L. Hunt, 4036 So. 6th St. Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e Dr. Earl Jeremais

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: 22a JUN 5 1978

REGISTRAR: 22b [Signature] Marian Peterson

PART I — IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 (a) Cerebral Vascular Accident — Interval between onset and death: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(b) Carcinoma of lung with metastasis — Interval between onset and death: 6 months

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): malnutrition - dehydration

AUTOPSY (Specify Yes or No): 24

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): 25 Yes

ACCIDENT (Specify Yes or No): 26a

DATE OF INJURY (Mo., Day, Yr.): 26b

HOUR OF INJURY: 26c M

DESCRIBE HOW INJURY OCCURRED: 26d

INJURY AT WORK (Specify Yes or No): 26e

PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): 26f

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 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.

MARJORIE S. COMER, Registrar Vital Statistics

(SEAL)

By Marian Peterson Deputy Registrar
Date JUN 6 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of June A.D., 19 78 at 9:38 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 12183.

FEE $3.00

WM. D. MILNE, County Clerk
By Loretta B. Welch Deputy