54043 STATE OF OREGON HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Statistics Section Vol. M78 Page 18877

434 Local File Number

MTC 6755 M

CERTIFICATE OF DEATH

78-006190 State File Number

DECEASED—NAME First: 1 James	Middle: Edward	Last: Chaney	DATE OF DEATH (month, day, year) 2 April 10, 1978
RACE 3 White	SEX 4 Male	AGE—Last birthday (years) 5a ~~54~~ 53	DATE OF BIRTH (month, day, year) 6 Dec. 6, ~~1924~~ 1923
COUNTY OF DEATH 7a Marion	CITY, TOWN OR LOCATION OF DEATH 7b Salem	HOSPITAL OR OTHER INSTITUTION—NAME 7c Salem Memorial Hospital	7d Inpatient
STATE OF BIRTH 8 Ark.	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	SPOUSE 11 JoAnn Chaney; WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 yes
SOCIAL SECURITY NUMBER 13 431-24-4404	USUAL OCCUPATION 14a Civil Engineer		KIND OF BUSINESS OR INDUSTRY 14b State of Oregon
RESIDENCE—STATE 15a Oregon	COUNTY 15b Marion	CITY, TOWN, OR LOCATION 15c Salem	STREET AND NUMBER OR R.F.D., ZIP 15d 3942 Camishaun Ct. N.E 97301; Inside City Limits 15e yes
FATHER—NAME 16 Luther G. Chaney	MOTHER—Maiden Name 17 Mary L. Lockwood		INFORMANT—NAME and relationship to deceased 18 JoAnn Chaney, spouse
BURIAL, CREMATION, REMOVAL 19a Burial	CEMETERY OR CREMATORY—NAME 19b Willamette National Cemetery		LOCATION 19c Portland Oregon
FUNERAL SERVICE LICENSEE 20a [signature]	NAME AND ADDRESS OF FACILITY 20b V. T. Golden Mortuary, Inc., 605 Commercial St. S.E. Salem 97301		
CERTIFYING PHYSICIAN 21a (Signature) [signature]	DATE SIGNED 21b April 11, 1978		HOUR OF DEATH 21c 1:45 A.M.
NAME AND ADDRESS OF CERTIFIER 21d William [illegible] M.D. [illegible] Center St NE Salem Or 97301			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21e			
DATE RECEIVED BY REGISTRAR 22a April 12, 1978	REGISTRAR 22b [signature]		
23 IMMEDIATE CAUSE PART I (a) Chronic Respiratory Failure			Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Obstructive Pulmonary Disease			Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (c)			Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS: Chronic Asthmatic Bronchitis		AUTOPSY 24 no	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 No
ACCIDENT 26a	DATE OF INJURY 26b	DESCRIBE HOW INJURY OCCURRED 26c	
INJURY AT WORK 26e	PLACE OF INJURY 26f	LOCATION 26g STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

Items 5a and 6 corrected by Supplemental 33423 dated 4-11-78 gt.

Return MTC - Linda

VS-2 Rev-1-78 P-65412

DATE [illegible] 1978

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION IN [illegible] CARE AND CUSTODY

[signature] STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of AUGUST A.D., 19 78 at 9:15 o'clock A M., and duly recorded in Vol M78 of DEEDS on Page 18877.

FEE $ 3.00

WM. D. MILNE, County Clerk

By [signature] Deputy