04-11670

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

KCT K32300

72674 220
Local File Number

CERTIFICATE OF DEATH

Vol M79 Page 19855

State File Number

1 DECEASED—NAME: First JAMES	Middle T.	Last TATE			DATE OF DEATH (month, day, year) 2 June 24, 1978
3 RACE White, Black, American Indian, etc.(specify) White	SEX Male	AGE—Last birthday (years) 5a 49	Under 1 year: mos. / days 5b	Under 1 day: hours / min 5c	DATE OF BIRTH (month, day, year) 6 June 9, 1929
7a COUNTY OF DEATH Klamath	7b CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath Co. Nursing Home		7d IF HOSP OR INST: Inpatient, ER/OP, DOA, Resident, Nursing Home Patient (Specify) Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country) Arkansas	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Joyce J. Tate		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
13 SOCIAL SECURITY NUMBER 573-34-6869	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Yard Foreman			14b KIND OF BUSINESS OR INDUSTRY Retail Lumber Sales	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 2505 Bly Street 97601		Inside City Limits (specify yes or no) 15e Yes
16 FATHER—NAME first middle last Delbert L. Tate	17 MOTHER—Maiden Name first middle last Rhoba Romine				
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Mt. Laki Cemetery				18 INFORMANT—NAME and relationship to deceased Joyce J. Tate, wife
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] William J. Davenport	NAME AND ADDRESS OF FACILITY 20b DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601				19c LOCATION city or town, state Klamath Falls, Oregon 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] Blake Berven MD — DATE SIGNED [Mo., Day, Yr.] 21b June 26, 1978 — HOUR OF DEATH 21c 7:25 PM

NAME AND ADDRESS OF CERTIFIER [Type or Print]
21d Blake D. Berven, MD, 905 Main Street, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a JUN 26 1978 — REGISTRAR 22b [Signature] Marjorie Comer

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

PART I
(a) Respiratory Failure — Interval between onset and death: 10 min
DUE TO, OR AS A CONSEQUENCE OF:
(b) Extensive multiple myeloma — Interval between onset and death: 4 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(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)

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo, Day, Yr]	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No] NO	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No] NO
26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		

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 Services.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie Comer Deputy Registrar

Date JUN 26 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21st day of August A.D., 19 79 at 3:32 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 19855.

FEE $3.50

WM. D. MILNE, County Clerk

By Dorothea D. Fitch Deputy