

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED

Sep. 13

1979

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME 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 AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

Merrill C. Akum

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 24th day of September A.D., 19 79 at 4:30 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 22665.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Bernetha Heltsch* Deputy

74435

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CERTIFICATE OF DEATH

Vol. M Page 22666

State File Number

DECEASED—NAME—First Middle Last JAMES GILBERT CHANEY Sr.			DATE OF DEATH (month, day, year) 2 September 21, 1979		
RACE White: Black, American Indian, etc. (specify) White			SEX Male	AGE—Last birthday (years) 62	DATE OF BIRTH (month, day, year) 6 June 30, 1917
COUNTY OF DEATH Klamath	CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in other, give street and number) West Medical Center		IF HOSP. OR INST. indicate DOA, OP, Emer., Am., Inpatient (Specify) Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Oregon	CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) Gladys Chanev	
SOCIAL SECURITY NUMBER 700 - 12 - 6211	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Retired		KIND OF BUSINESS OR INDUSTRY Southern Pacific Railroad		
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 4510 Peck Drive 97601	INSIDE CITY LIMITS (specify yes or no) NO	
FATHER—NAME first middle last Russell - Chanev	MOTHER—Maiden Name first middle last Josephine - Morgan	INFORMANT—NAME and relationship to deceased James G. Chanev, Jr. (Son)		LOCATION city or town state Klamath Falls, Oregon 97601	
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Cremation			CEMETERY OR CREMATORY—NAME Eternal Hills Crematorium		
FUNERAL SERVICE LICENSEE OR person Acting As Such (Signature) <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr.) 21b September 21, 1979	HOUR OF DEATH 21c 5:55 A. M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d William A. Bartlett, M.D., 2860 Dagget 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 Sep 21 1979			REGISTRAR (Signature) <i>[Signature]</i> 22b		
PART I IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] 23 (a) Cardiac arrest			Interval between onset and death Seconds		
(b) Metastatic disease of brain & bone			Interval between onset and death weeks		
(c) Epidermal carcinoma right lung			Interval between onset and death 6 months		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Diabetes mellitus			AUTOPSY (Specify Yes or No) 24 NO	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) NO	
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	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 26g	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev. 1-78 P-65412



MARIAN ACKERMAN, Registrar Vital Statistics
By *Marian Ackerman* Deputy Registrar
Date **SEP 24 1979**

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 25th day of September A.D., 19 79 at 8:39 o'clock A M., and duly recorded in Vol. M79 of Deeds on Page 22666.

FEE \$3/50

WM. D. MILNE, County Clerk

By *Bernetha Heltsch* Deputy