OC-5238-A 11/75 20M

75098

Reference Krentel-Hartman Deed — Vol. M79 Page 23710
Dated September 22, 1976 &
Recorded in Vol. M76 Pg. 14880, Klamath County, Oregon

CERTIFICATE OF DEATH

STATE FILE NO. 150

TYPE OR PRINT IN PERMANENT INK

RECORDER'S NO. 77-175-D

ALASKA DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL STATISTICS — JUNEAU, ALASKA 99801

DATE REGISTERED

DECEASED — NAME — FIRST: 1 LEROY — MIDDLE: GENE — LAST: HARTMAN

2 SEX: MALE

3 RACE — WHITE, NEGRO, AMERICAN INDIAN, ETC. — SPECIFY: WHITE

4 DATE OF DEATH (MONTH, DAY, YEAR): APRIL 13, 1977

5a AGE — LAST BIRTHDAY: 51 YEARS

5b UNDER 1 YEAR — MONTHS: — DAYS: —

5c UNDER 1 DAY — HOURS: — MINUTES: —

6 DATE OF BIRTH (MONTH, DAY, YEAR): MAY 11, 1925

7a PLACE OF DEATH: ALASKA — RECORDING DISTRICT: ANCHORAGE

7b CITY, TOWN OR LOCATION: ANCHORAGE

7c INSIDE CITY LIMITS: ☒ YES ☐ NO

7d HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): GLENMORE

7e STREET AND NUMBER: 4895 CORDOVA STREET

7f LENGTH OF STAY IN 7d: 19 YEARS

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): STRATTON, NEBRASKA

9 CITIZEN OF WHAT COUNTRY: USA

10 MARITAL STATUS: ☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED

11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): OMA JUNE HUDSON

12 SOCIAL SECURITY NUMBER: 508-12-4915

13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): INVESTMENTS

13b KIND OF BUSINESS OR INDUSTRY: REAL ESTATE

14a RESIDENCE — STATE: ALASKA

14b RECORDING DISTRICT OR COUNTY: ANCHORAGE

14c CITY, TOWN, OR LOCATION: ANCHORAGE

14d INSIDE CITY LIMITS: ☒ YES ☐ NO

14e STREET AND NUMBER: 1648 STANFORD DRIVE

14f LENGTH OF STAY IN 14c: 19 YEARS

15 FATHER — NAME — FIRST: ADAM — MIDDLE: LEE — LAST: HARTMAN

16 MOTHER — MAIDEN NAME — FIRST — MIDDLE — LAST: STELLA ELLER

17a INFORMANT — NAME: MRS. JUNE HARTMAN

17b MAILING ADDRESS — STREET OR P.O. BOX NO., CITY OR TOWN, STATE, ZIP CODE: 1648 STANFORD DRIVE, ANCHORAGE, AK. 99504

18 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) — SEE REVERSE SIDE

IF ALCOHOLISM OR DRINKING SIGNIFICANTLY INVOLVED, INDICATE UNDER ITEM 18 OR ITEM 20.

IMMEDIATE CAUSE (a): Pancreatic Cerebral infarction — APPROXIMATE INTERVAL: BETWEEN ONSET AND DEATH: 2 years

DUE TO, OR AS A CONSEQUENCE OF (b): Coronal arteriosclerosis

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (c): Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)

19a AUTOPSY: ☒ YES ☐ NO — WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: ☐ YES ☐ NO

VIOLENT DEATH

20a ☐ ACCIDENT ☐ HOMICIDE ☐ SUICIDE ☐ UNDETERMINED

20b DATE OF INJURY (MONTH, DAY, YEAR)

20c HOUR

20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20e INJURY AT WORK: ☐ YES ☐ NO

20f PLACE OF INJURY — (e.g., HOME, CANNERY, ETC. — SPECIFY)

20g LOCATION — STREET AND NUMBER, CITY OR TOWN, STATE, ZIP CODE

CERTIFICATION — PHYSICIAN (SIGN UNDER 23a)

DEATH OCCURRED AT THE PLACE ON THE DATE AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED

21a HOUR OF DEATH

DATES IN ATTENDANCE — 21b FROM (MONTH, DAY, YEAR) — 21c TO (MONTH, DAY, YEAR)

21d DATE LAST SEEN ALIVE BY PHYSICIAN (MONTH, DAY, YEAR)

21e BODY VIEWED AFTER DEATH BY PHYSICIAN: ☐ YES ☐ NO

CERTIFICATION — MEDICAL EXAMINER OR CORONER (SIGN UNDER 23a)

ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED

22a HOUR OF DEATH

22b DATE PRONOUNCED DEAD (MONTH, DAY, YEAR)

22c HOUR

23a SIGNATURE: Shirley M. Fraser M.D. — DEGREE OR TITLE

23b NAME (TYPE OR PRINT): SHIRLEY FRASER, M.D.

23c DATE SIGNED (MONTH, DAY, YEAR): 13 April 77

23d MAILING ADDRESS — STREET OR P.O. BOX NO., CITY OR TOWN, STATE, ZIP CODE: 2050 Tudor Clinic Anchorage Ak. 99504

24a ☒ BURIAL ☐ CREMATION ☐ REMOVAL

24b DATE (MONTH, DAY, YEAR): 4-16-77

24c CEMETERY OR CREMATORY — NAME AND LOCATION (CITY OR TOWN, STATE): ANGELUS MEMORIAL PARK, ANCHORAGE, AK.

25 PERMIT ISSUED BY: ANCHORAGE, Dolores

26a FUNERAL DIRECTOR — SIGNATURE: R. D. ROME — EVI BO

FUNERAL HOME — NAME AND ADDRESS (STREET OR P.O. BOX NO.): CERTIFIED TRUE COPY; BUREAU OF VITAL STATISTICS

27a RECORDER OR SIGNATURE, VITAL STATISTICS: Bonnie Killig, Deputy Clerk

27b ADDRESS: A

Bonnie Killig, DEPUTY CLERK

April 15, 1977

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 October A.D., 19 79 at 9:14 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 23710.

Returned: FEE $3.50

DAVIS & GOERIG
A PROFESSIONAL CORPORATION
NATIONAL BANK OF ALASKA BUILDING
301 WEST NORTHERN LIGHTS BOULEVARD
ANCHORAGE, ALASKA 99503

WM. D. MILNE, County Clerk

By Bunchar Hilsch Deputy

OF KLAMATH