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Vol. M79 Page

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

79-005668

79 342
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME: First ARTHUR Middle WINSTON Last CHIPMAN

DATE OF DEATH (month, day, year): April 23, 1979

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

2 SEX: Male

3 AGE—Last birthday (years): 59

Under 1 year: mos. days | Under 1 day: hours min.

4 DATE OF BIRTH (month, day, year): June 28, 1919

5a COUNTY OF DEATH: Jackson

5b CITY, TOWN OR LOCATION OF DEATH: Medford

5c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Providence Hospital

5d IF HOSP. OR INST. INDICATE DOA OR EMER. RM. (Specify): DOA

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

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

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

9 SPOUSE (IF MARRIED, WIDOWED): Mary

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

11 SOCIAL SECURITY NUMBER: 544-01-5777

12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Advertising Sales Manager

13 KIND OF BUSINESS OR INDUSTRY: Radio -- Television

14 RESIDENCE—STATE: Oregon

15 COUNTY: Jackson

16 CITY, TOWN, OR LOCATION: Medford X

17 STREET AND NUMBER OR R.F.D., ZIP: 2251 Ross Lane 97501

18 Inside City Limits (specify yes or no): no

19 FATHER—NAME first middle last: Volney Ray Chipman

20 MOTHER—Maiden Name first middle last: Ruth Gould

21 INFORMANT—NAME and relationship to deceased: Mary Chipman Wife

22 BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

23 CEMETERY OR CREMATORY—NAME: Mountain View Crematory

24 LOCATION city or town state: Ashland, Oregon

25 FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]: [signature]

26 NAME AND ADDRESS OF FACILITY: PERL FUNERAL HOME 426 W. 6th St. Medford, OR

27 DATE SIGNED [Mo., Day, Yr.]: April 23 1979

28 HOUR OF DEATH: 2:20 a M

CERTIFICATION OF PHYSICIAN

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

30 [Signature]: Edward W. Sickels

31 NAME AND ADDRESS OF CERTIFIER [Type or Print]: Dr. Edward W. Sickels MD 835 E. Main St. Medford, OR 97501

32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: Dr. John Welch

33 DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 25 1979

34 REGISTRAR [Signature]: Rachel White

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

35 IMMEDIATE CAUSE (a): Myocardial infarction — Interval between onset and death: 1 hour.

36 DUE TO, OR AS A CONSEQUENCE OF (b): Coronary artery occlusion — Interval between onset and death: Unknown

37 DUE TO, OR AS A CONSEQUENCE OF (c): Atherosclerosis — Interval between onset and death: Unknown

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

38 AUTOPSY (Specify Yes or No): no

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

40 ACCIDENT (Specify Yes or No): No

41 DATE OF INJURY [Mo, Day, Yr.]

42 HOUR OF INJURY

43 DESCRIBE HOW INJURY OCCURRED

44 INJURY AT WORK (Specify Yes or No): No

45 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

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

RESERVED FOR REGISTRAR'S USE

Returned

VS-2 Rev-1-78 P-65412

HARBISON, KELLINGTON & KRACK
LAW OFFICES
P.O. BOX 1583
MEDFORD, OREGON 97501

DATE ISSUED Aug. 29 1979

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

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