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

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CERTIFICATE OF DEATH

355 — Local File Number — State File Number

1 DECEASED—NAME (First / Middle / Last)	CHARLES	STEWART	BLAKESLEE	2 DATE OF DEATH (Month, Day, Year)	September 22, 1979
3 RACE (White, Black, American Indian, etc.)	White	4 SEX: Male	5A AGE—Last Birthday (Years): 68	6 DATE OF BIRTH (Month, Day, Year)	April 19, 1911
7A COUNTY OF DEATH	Deschutes	7B CITY, TOWN, OR LOCATION OF DEATH: Bend	7C HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.): St. Charles Medical Center	7D If hosp., or inst., indicate DOA, OP/EMER, INPATIENT (Specify): Emer. Rm.	
8 STATE OF BIRTH (If not in U.S.A., name country)	California	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11 SPOUSE (If married, widowed): Ruth Blakeslee	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): Yes
13 SOCIAL SECURITY NUMBER	559-09-5640	14A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent		14B KIND OF BUSINESS OR INDUSTRY: Street Department	
15A RESIDENCE—STATE	Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Crescent X	15D STREET AND NUMBER OR R.F.D.: P.O. Box 227 X	15E INSIDE CITY LIMITS (Specify yes or no): No
16 FATHER—NAME (First / Middle / Last)	Claude	Blakeslee	17 MOTHER—MAIDEN NAME (First / Middle / Last): Catherine Stewart	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Ruth Blakeslee - Spouse X	
19A BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	19B CEMETERY OR CREMATORY—NAME AND ADDRESS OF FACILITY: Deschutes Memorial Gardens			19C LOCATION (City or Town / State): Bend, Oregon	
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Ivy M. Faulk	20B NAME AND ADDRESS OF FACILITY: Tabor's Desert Hills Mortuary-1441 NE Forbes Bend, Ore.				

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

DEATH OCCURRED (Hour)	THE DECEDENT WAS PRONOUNCED DEAD (Month / Day / Year / Hour)	FROM: Natural Causes ☐	Accident ☒	Suicide ☐	
21A 10:58p.m.	21B September 22, 1979 10:58p.m.	Homicide ☐	Undetermined ☐	Pending ☐	
21D CERTIFIER—SIGNATURE: David S. Spence MD		21C NAME—(Type or Print): David S. Spence		Degree or Title: M.D.	
MEDICAL EXAMINER FOR: Deschutes County		21E DATE SIGNED (Month, Day, Year): 9/23/1979			
21F DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): September 24, 1979	22B REGISTRAR (SIGNATURE): Vivian M. Raycraft				

22A (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))

		Interval Between Onset and Death
PART I 23 IMMEDIATE CAUSE (a)	Asphyxiation by Aspiration	
DUE TO, OR AS A CONSEQUENCE OF: (b)		
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) — 24 AUTOPSY (Specify yes or no): No

25A DATE OF INJURY (Month, Day, Year): 1-23-79	25B HOUR: 9:45PM	25C HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Aspirated bolus of meat while eating	
25D INJ. AT WORK (Specify yes or no): No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify): Home	25F LOCATION (Street or R.F.D. No., City or Town, County, State): P.O. Box 227, Crescent, Oregon	

RESERVED FOR REGISTRAR'S USE

VS-107 REV. 1-78

ORIGINAL-VITAL STATISTICS COPY

'80 FEB 28 PM 3 06

STATE OF OREGON
COUNTY OF DESCHUTES

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Deschutes County Health Department.

Vivian M. Raycraft
Vivian M. Raycraft, Registrar
Vital Statistics

SEAL

VOID IF ALTERED

September 24 19 79

Not valid without raised seal of Deschutes County Health Department.

STATE OF OREGON: COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of February A.D., 19 80 at 3:06 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 3853.

WM. D. MILNE, County Clerk
By Bernetha N. Kotsch Deputy

FEE $3.50