STATE OF OREGON
Vital Statistics Section

'80 MAY 14 PM 2 22

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CERTIFICATE OF DEATH

295 (Local File Number)

State File Number

DECEASED

1. DECEASED NAME — First: NORMAN; Middle: SYLVESTER; Last: CHASE
2. DATE OF DEATH (month, day, year): September 10, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX:
5a. AGE (Last birthday (years)): 72
5b. Under 1 year (months):
5c. Under 1 day (hours):
5d. (minutes):
6. DATE OF BIRTH (month, day, year): August 27, 1905
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Washington
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Florence M. Chase
12. SOCIAL SECURITY NUMBER: 532 - 01 - 6081
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Logger - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Timber Co.
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 1325 Kane Street
15. FATHER—NAME first middle last: Charles - Chase
16. MOTHER—Maiden Name first middle last: Rowena - Flock
17. INFORMANT—NAME and relationship to deceased: Florence M. Chase (Wife)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause
(a) Cardiac decompensation — due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Chronic obstructive pulmonary disease — due to, or as a consequence of:
(c)

Approximate interval between onset and death: (a) Several months; (b) 4 years; (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19. Prostatic carcinoma, cirrhosis of liver

19a. AUTOPSY (yes or no): No
19b. If Yes were findings considered in determining cause of death

CERTIFIER

20a. ACCIDENT (specify yes or no):
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 (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: May 18, 1953 to Sept 10, 1977 — And Last Saw Him/Her Alive on: Sept 9, 1977 — I Did/Did Not view the body after death (specify): Did Not — DEATH OCCURRED (hour): 3:15 A.M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN SIGNATURE: William G. Holford, Jr. M.D.
22b. NAME (type or print) degree or Title: William G. Holford, Jr., M.D.
22c. DATE SIGNED (month, day, year): Sept 10, 1977
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 1400 South 6th. Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year):
24e. FUNERAL DIRECTOR SIGNATURE:
24f. FUNERAL HOME NAME AND ADDRESS (street, city or town, state, zip): Landis Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

25. REGISTRAR SIGNATURE: Florence M. Chase
DATE RECEIVED BY LOCAL REGISTRAR: 9-13-77
DATE RECEIVED BY STATE REGISTRAR:

RESERVED FOR REGISTRAR'S USE

26.

VS 2 R 73

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.

MARJORIE S. COVER, Registrar Vital Statistics
By Florence M. Chase Deputy Registrar
Date SEP 13 1977, 19

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of _____, A.D., 19__ at _____ o'clock ___ M., and duly recorded in Vol ____, of _____ on Page _____.

FEE _____

WM. D. MILNE, County Clerk
By Florence M. Chase Deputy

Beddoe & Hamilton
296 Main Street
Klamath Falls, OR 97601