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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

87228 — 256 (Local File Number) — (State File Number)

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 NAME: First HARVEY | Middle ALAN | Last PEMBERTON

2 DATE OF DEATH (month, day, year): July 11, 1980

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

4 SEX: Male

5a AGE—Last birthday (years): 73

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): November 2, 1906

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Washburn Manor

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm./ Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Arkansas

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Opal

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 543 - 07 - 3949

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carman - Retired

14b KIND OF BUSINESS OR INDUSTRY: Burlington Northern R.R.

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 326 N. 10th Street 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Johnny Pemberton

17 MOTHER—Maiden Name first middle last: Savanah Allred

18 INFORMANT—NAME and relationship to deceased: Opal Pemberton - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James E. Ford

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. 97601

CERTIFIER — To Be Completed By Certifying Physician

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

21a [Signature]: Raymond L. Tice

21b DATE SIGNED [Mo., Day, Yr.]: July 12 '80

21c HOUR OF DEATH: 3:04 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Raymond Tice, M.D. / 309 Medical-Dental Bldg / K. Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 15 1980

22b REGISTRAR [Signature]: Marian Ackerman

PART I — 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)

(a) Pneumonia — Interval between onset and death: 7 days

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Generalized Arteriosclerosis, Dementia, Senility

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify, Yes or No]: No

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]:

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

HS-2 Rev-1-80

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date JUL 15 1980

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 22nd day of July A.D., 19 80 at 1:00 o'clock P M., and duly recorded in Vol M80 of De-eds on Page 13620.

FEE $3.50

WM. D. MILNE, County Clerk

By Doreatha H. Peterson Deputy