87294

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

Vol. M80 Page 13733

MTC 8161

78-015927

341
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First HAROLD Middle MAXWELL Last VAN HORN

2 DATE OF DEATH (month, day, year): October 12, 1978

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

4 SEX: Male

5a AGE—Last birthday (years): 61

5b Under 1 year: months / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): February 10, 1917

7a COUNTY OF DEATH: Deschutes

7b CITY, TOWN OR LOCATION OF DEATH: Redmond

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Cent. Ore. Dist. Hosp.

7d If hospital or nursing home, inpatient or ER? (Specify): Inpatient

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

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): Ruth Van Horn

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

13 SOCIAL SECURITY NUMBER: 553-24-0822

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Surveyor

14b KIND OF BUSINESS OR INDUSTRY: Dept. of ~~Hood Corporation~~ Agriculture

15a RESIDENCE—STATE: Oregon

15b COUNTY: Deschutes

15c CITY, TOWN, OR LOCATION: Bend

15d STREET AND NUMBER OR R.F.D., ZIP: 20245 N. Sturgeon Rd.

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

16 FATHER—NAME first middle last: Joseph B. Van Horn

17 MOTHER—Maiden Name first middle last: Dessa M. Long

18 INFORMANT—NAME and relationship to deceased: Ruth Van Horn (Spouse

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

19b CEMETERY OR CREMATORY—NAME: Redmond Memorial Cemetery

19c LOCATION city or town state: Redmond, Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: Eugene L. Taylor

20b NAME AND ADDRESS OF FACILITY: TABOR'S Desert Hills MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701

To Be Completed by CERTIFYING PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]: James K. Detwiler

21b DATE SIGNED [Mo., Day, Yr.]: 10-13-78

21c HOUR OF DEATH: 6:40 P.M.

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: James K. Detwiler, M.D. 737 W. Cascade - Redmond, Oregon 97756

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: October 13, 1978

22b REGISTRAR [Signature]: Vivian M Rayfield

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

PART I (a) Metastatic Carcinoma of Colon — Interval between onset and death: 6 mos.

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):

24 AUTOPSY (Specify Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (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): 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: Item #14b. corrected by supplemental #40268. 12-4-78 M Martin ngr

80 JUL 23 PM 2 45

VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED: Jan. 22 1980

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.

after receiving MTC.
return to Pine Forest Escrow

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of July A.D., 19 80 at 2:45 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 13733.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha A. Kelsch Deputy