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

8 0 0 0 6 3 7 5

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8730-2 141

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First: HOWARD Middle: — Last: CRUME

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

2 DATE OF DEATH (month, day, year): April 27, 1980

3 SEX: Male

4 AGE—Last birthday (years): 5a 58 | Under 1 year: mos. 5b — days 5c — | Under 1 day: hours 5d — min. 5e —

5 DATE OF BIRTH (month, day, year): December 16, 1921

6 COUNTY OF DEATH: Klamath

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

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

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

7d STATE OF BIRTH (If not in U.S.A., name country): Oregon

8 CITIZEN OF WHAT COUNTRY: USA

9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced

10 SPOUSE (IF MARRIED, WIDOWED): —

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

12 SOCIAL SECURITY NUMBER: 541 - 38 - 3374

13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer

14a KIND OF BUSINESS OR INDUSTRY: Unemployed

14b RESIDENCE—STATE: Oregon

15a COUNTY: Klamath

15b CITY, TOWN, OR LOCATION: Chiloquin

15c STREET AND NUMBER OR R.F.D., ZIP: No numbers Gen. Delivery 97624

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

15e FATHER—NAME first middle last: William Crume

16 MOTHER—Maiden Name first middle last: Cinda Chipps

17 INFORMANT—NAME and relationship to deceased: Lynn Anderson (G. Nephew)

18 LOCATION city or town state: Beatty, Oregon

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

19a CEMETERY OR CREMATORY—NAME: Chief Schonchin Cemetery

19b FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: [signature]

20a NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

20b DATE SIGNED [Mo., Day, Yr.]: 4-28-80

21b HOUR OF DEATH: 1:50 A. M

21c To be Completed by CERTIFYING PHYSICIAN Only: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a CERTIFIER—NAME AND TITLE (Type or Print): [signature] M.D.

MAILING ADDRESS (Street, city or town, state, zip): 2680 Uhrmann Road, Klamath Falls, Oregon 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: Steven K. Bidleman, M.D.

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 28 1980

22a REGISTRAR [Signature]: Shelia Marier

22b

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

23 IMMEDIATE CAUSE (a): Cardiac Arrest — Interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF (b): Infarction of Large & Small Intestine — Interval between onset and death: 12 hours

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): Atherosclerosis

24 AUTOPSY (Specify Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): —

26b DATE OF INJURY (Mo. Day. Yr.): —

26c HOUR OF INJURY: — M

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

VS-2 Rev-8-78 P-65412

After recording, return to:

HENDERSON & MOLATORE
426 Main Street
Klamath Falls, OR 97601

DATE ISSUED JULY 17 1980

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

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 3:38 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 13743.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha A. Kelsch Deputy