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

Vol. M80 Page 16352

CERTIFICATE OF DEATH
ORS – 146

88955 (State File Number)
308 (Local File Number)

DECEASED—NAME (1) First: Sam; Middle: Leonard; Last: BRUSH
DATE OF DEATH (2) August 5, 1980
SEX (4) male
AGE—LAST BIRTHDAY (3A) 75
UNDER 1 YEAR (5B) MOS. / DAYS; **UNDER 1 DAY** (5C) HOURS / MIN.
DATE OF BIRTH (6) January 21, 1905
RACE (3) white
HOSPITAL OR OTHER INSTITUTION—NAME (7B) Old Main Street
IF HOSP. OR INST., INDICATE DOA, INPATIENT, OR EMERGENCY (7C)
COUNTY OF DEATH (7D) Klamath
CITY, TOWN, OR LOCATION OF DEATH (7A) Crescent
STATE OF BIRTH (8) Kansas
CITIZEN OF WHAT COUNTRY (9) USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (10) divorced
SPOUSE (11) —
WAS DECEDENT EVER IN U.S. ARMED FORCES? (12) yes
SOCIAL SECURITY NUMBER (13) 544-14-9294
USUAL OCCUPATION (14A) mill worker
KIND OF BUSINESS OR INDUSTRY (14B) timber
RESIDENCE—STATE (15A) Oregon
COUNTY (15B) Klamath
CITY, TOWN, OR LOCATION (15C) Crescent
STREET AND NUMBER OR R.F.D. (15D) Old Main Street
INSIDE CITY LIMITS? (15E) yes
FATHER—NAME (16) First: John Albert; Middle: ; Last: Brush
MOTHER—MAIDEN NAME (17) First: Susan; Middle: Mabel; Last: —
INFORMANT—NAME AND RELATIONSHIP TO DECEASED (18) Marjorie Brush ex-wife
BURIAL, CREMATION, REMOVAL, MAUS. (19A) burial
CEMETERY OR CREMATORY—NAME (19B) Pilot Butte Cemetery
LOCATION—CITY OR TOWN, STATE (19C) Bend, Oregon
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE (20A) [signature]
NAME AND ADDRESS OF FACILITY (20B) Niswonger-Reynolds Inc, 105 N.W. Irving St. Bend, Oregon

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) (21A) Found: 8:00 A. M.
THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR) (21B) Aug. 5, 1980 8:00 A. M.
FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ] (21C)
CERTIFIER — SIGNATURE (21D) [signature]
NAME—(TYPE OR PRINT) (21E) George Nicholson, M. D.
DEGREE OR TITLE
MEDICAL EXAMINER FOR: Klamath County
DATE SIGNED (MONTH, DAY, YEAR) (21G) AUG 25 1980
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) (22A) AUG 25 1980
REGISTRAR (SIGNATURE) (22B) Claudia Francis

PART I (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))
23 IMMEDIATE CAUSE (a) Presumed Respiratory Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Chronic
DUE TO, OR AS A CONSEQUENCE OF: (b) Pulmonary Emphasema — INTERVAL BETWEEN ONSET AND DEATH: Years
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) — AUTOPSY (SPECIFY YES OR NO) (24) No

DATE OF INJURY (MONTH, DAY, YEAR) (25A)
HOUR (25B)
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) (25C)
INJ. AT WORK (SPECIFY YES OR NO) (25D)
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) (25E)
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) (25F)

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL - VITAL STATISTICS COPY

Return
Niswonger & Reynolds, Inc.
P.O. Box 229 • Bend, Oregon 97701

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.

MARIAN ACKERMAN, Registrar Vital Statistics
(SEAL)
By Claudia Francis, Deputy Registrar
Date AUG 25 1980
VOID IF ALTERED

CC 350

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 28th day of August A.D., 19 80 at 12:00 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 16352.

FEE $3.50

WM. D. MILNE, County Clerk
By Loretta A. Leach Deputy