

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
VITAL SERVICES SECTION

CERTIFICATE OF DEATH

Vol. M80 Page 23590

1. NAME: CHARLES First Middle Last

2. RACE: White (specify) White

3. SEX: Male

4. AGE—Last birthday (years): 86

5. COUNTY OF DEATH: Klamath

6. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7. STATE OF BIRTH (if not in U.S.A.): Canada

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

9. SOCIAL SECURITY NUMBER: 541-09-8820

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

11. SPOUSE (IF MARRIED, WIDOWED): Aubra Griffiths

12. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): West Medical Center

13. RESIDENCE—STATE: Oregon COUNTY: Klamath CITY, TOWN, OR LOCATION: Klamath Falls

14. STREET AND NUMBER OR R.F.D., ZIP: 3950 Shasta Way 97601

15. FATHER—NAME first middle last: Edward Griffiths CITY, TOWN, OR LOCATION: Klamath Falls

16. MOTHER—Maiden Name first middle last: Christihannah Sanders

17. CEMETERY OR CREMATORY—NAME: Mt Laki Cemetery

18. NAME AND ADDRESS OF FACILITY: 6420 South Sixth Street, Davenport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97601

19. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAY 12 1980 REGISTRAR: Marian Ackerman

20. IMMEDIATE CAUSE: (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) Right hip fracture DUE TO, OR AS A CONSEQUENCE OF: (c) Other significant conditions—Conditions contributing to death but not related to cause given in PART I (a)

21. DATE OF INJURY (Mo., Day, Yr.): 26b HOUR OF INJURY: 26c PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26d DESCRIBE HOW INJURY OCCURRED: 26e AUTOPSY (Specify Yes or No): 24 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER: 25

22. INTERVAL BETWEEN ONSET AND DEATH: Four days

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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 MAY 13 1980

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 4th day of December A.D., 19 80 at 4:04 o'clock P M., and duly recorded in Vol M80, of Deeds on page 23590.

Fee \$ 3.50

WM. D. MILNE, County Clerk
By Bernard J. Delich deputy

VS-2 Rev-1-78 P-65412