CERTIFIED COPY OF DEATH RECORD

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

CERTIFICATE OF DEATH

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

Local File Number: 1760

State File Number:

DECEDENT

1 DECEASED—NAME: First LYLE; Middle SHERMAN; Last KARR

2 DATE OF DEATH (month, day, year): December 20, 1980

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

4 SEX: Male

5a AGE—Last birthday (years): 78

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): January 31, 1902

7a CITY, TOWN OR LOCATION OF DEATH: Salem

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

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

7d COUNTY OF DEATH: Marion

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

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): Rosetta Karr

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

13 SOCIAL SECURITY NUMBER: 541 - 09 - 8833

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

14b KIND OF BUSINESS OR INDUSTRY: Lumber Mills

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1036 California Avenue 97601

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

16 FATHER—NAME first middle last: Edward Karr

17 MOTHER—Maiden Name first middle last: Myrtle Bassett

18 INFORMANT—NAME and relationship to deceased: Rosetta Karr (Wife)

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematorium

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

POSITION

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]:

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

CERTIFIER

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 [Signature]: Carl H. Matthey Jr. M.D.

21b DATE SIGNED [Mo., Day, Yr.]: December 24, 1980

21c HOUR OF DEATH: 4:30 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Carl H. Matthey, Jr., M.D., 2600 Center Street, Salem, Oregon 97310

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 6 1981

22b REGISTRAR [Signature]: Deanne Stensrud

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I

(a) Bronchial Pneumonia — Interval between onset and death:

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 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): 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 MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

SEAL
VOID IF ALTERED

DATE JAN 6 1981

REGISTRAR OF VITAL STATISTICS

By Deanne Stensrud Deputy

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 January A.D., 19 81 at 1:24 O'clock P M., and duly recorded in Vol M81 of Deeds on Page 1029.

Fee $3.50

EVELYN BIEHN
COUNTY CLERK

by Bernethia Letsch Deputy

cal 35/