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

5537
Local File Number

CERTIFICATE OF DEATH

79 018343
State File Number

DECEASED—NAME First: HURDRETH ~~Hurdeth~~ Middle: John Last: SHUMATE
DATE OF DEATH (month day year): 2 November 5, 1979

RACE White, Black, American Indian, etc. (specify): white
SEX: 4 male
AGE—Last birthday (years): 5a 71
DATE OF BIRTH (month day year): 6 January 7, 1908

COUNTY OF DEATH: 7a Multnomah
CITY, TOWN OR LOCATION OF DEATH: 7b Portland, Oregon
HOSPITAL OR OTHER INSTITUTION—Name: 7c Veterans Administration
7d Inpatient

STATE OF BIRTH (if not in U.S.A. name country): 8 Washington
CITIZEN OF WHAT COUNTRY: 9 U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: 10 married
SPOUSE (if married, widowed): Ethel
Yes

SOCIAL SECURITY NUMBER: 13 540 12 7229
USUAL OCCUPATION: 14a Air Force Pilot
KIND OF BUSINESS OR INDUSTRY: 14b United States Air Corps

RESIDENCE—STATE: 15a Oregon
COUNTY: Klamath
CITY, TOWN, OR LOCATION: 15c Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP: 97601 2510 Darrow Av.
Inside City Limits (specify yes or no): 15e yes

FATHER—NAME first middle last: 16 John M. Shumate
MOTHER—Maiden Name first middle last: 17 Mamie Hudspeth
INFORMANT—NAME and relationship to deceased: Roger Shumate son

BURIAL, CREMATION, REMOVAL (specify): 19a burial
CEMETERY OR CREMATORY—NAME: 19c Willamette National Cemetery
LOCATION city or town: Portland state: Oregon

FUNERAL SERVICE LICENSEE: 20a Howard C. Ross
NAME AND ADDRESS OF FACILITY: 12218 20b Ross Hollywood Chapel 4733 N.E. Thompson Portland, OR97213

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature) Thomas H. Gill
DATE SIGNED (Mo Day Yr): 21b November 6, 1979
HOUR OF DEATH: 21c 12:55 P M

CERTIFIER — NAME AND TITLE (Type or print): 21d Thomas H. Gill, M.D.
MAILING ADDRESS: VETERANS ADMINISTRATION HOSPITAL 3710 S.W. U.S. Veterans Hospital Road Portland 97201

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo Day Yr): NOV 8 1979
REGISTRAR 22b (Signature) [signature]

23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))
(a) Acute infarct occipital lobe, cerebellum and brainstem
DUE TO, OR AS A CONSEQUENCE OF (b)
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 yes
WAS CASE REFERRED TO MEDICAL EXAMINER: 25 (specify yes or no) no

ACCIDENT (specify yes or no): 26a
DATE OF INJURY: 26b
HOUR OF INJURY: 26c M
DESCRIBE HOW INJURY OCCURRED: 26d
INJURY AT WORK (specify yes or no): 26e
PLACE OF INJURY: 26f
LOCATION: 26g

RESERVED FOR REGISTRAR'S USE
Item No. 1 corrected per supplemental -H3774 11-8-79. dml

Ethel G. Shumate
2510 Darrow
K. Falls

VS-2 Rev 8-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED Mar. 31 1981

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.

ck 3.50

[signature]
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 21st day of April A.D., 1981 at 4:10 o'clock P M., and duly recorded in Vol M81 of Deeds on page 7171

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK
By Debra A. Janzer Deputy