

137

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

Vol. 81 Page 9567

206

CERTIFICATE OF DEATH

File Number

TYPE  
PRINT IN  
PERMANENT  
BLACK  
INK  
FOR  
DUPLICATIONS  
SEE  
BOOK

DEATH  
RECORDED IN  
VITAL RECORDS  
BOOK  
AROUND  
LOCATION OF  
DECEASED ITEMS

POSITION

1

2

3

PHYSICIAN

CONDITIONS

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

PRECEDING THE

DEVELOPING

CAUSE LAST

USE OF

DEATH

DECEASED—NAME 1 <b>LEO</b> "REX" <b>CHAPMAN</b>			DATE OF DEATH (month, day, year) 2 <b>May 26, 1981</b>		
RACE White, Black, American Indian, etc. (specify) 3 <b>White</b>		SEX 4 <b>Male</b>	AGE—Last birthday (years) 5a <b>76</b>	Under 1 year 5b mos days	Under 1 day 5c hours min
CITY, TOWN OR LOCATION OF DEATH 7a <b>Klamath Falls</b>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b <b>Klamath Co. Nursing Home</b>		COUNTY OF DEATH 7d <b>Klamath</b>	
STATE OF BIRTH (If not in U.S.A., name country) 8 <b>Iowa</b>		CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <b>Married</b>	SPOUSE (IF MARRIED, WIDOWED) 11 <b>Katie Kildow</b>
SOCIAL SECURITY NUMBER 13 <b>518-03-9392</b>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <b>Cowboy</b>		KIND OF BUSINESS OR INDUSTRY 14b <b>Ranching</b>	
RESIDENCE—STATE 15a <b>Oregon</b>		COUNTY 15b <b>Klamath</b>	CITY, TOWN, OR LOCATION 15c <b>Merrill</b>	STREET AND NUMBER OR R.F.D., ZIP 15d <b>P.O. Box 345 / 97633</b>	
FATHER—NAME first middle last 16 <b>Grover Cleveland Chapman</b>		MOTHER—Maiden Name first middle last 17 <b>Sarah Anna Earlywine</b>		INFORMANT—NAME and relationship to deceased 18 <b>Katie K. Chapman, wife</b>	
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) 19a <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b <b>Eternal Hills Crematory</b>		LOCATION city or town state 19c <b>Klamath Falls, Oregon 97601</b>	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a <b>William J. Davenport</b>		NAME AND ADDRESS OF FACILITY 20b <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601</b>			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <b>E. M. Clure</b>		DATE SIGNED (Mo., Day, Yr.) 21b <b>5/26/81</b>		HOUR OF DEATH 21c <b>5:55 A.M.</b>	
21d <b>Edward T. McClure, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon</b>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <b>MAY 26 1981</b>		REGISTRAR 22b (Signature) <b>Claudia Francis</b>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) <b>Metastatic Cut Cell CA of lung.</b>					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
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 <b>No</b>	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 <b>No</b>
ACCIDENT (Specify Yes or No) 26a <b>No</b>	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g	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 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  
By Claudia Francis, Deputy Registrar  
Date MAY 27 1981

VOID IF ALTERED

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  
29th day of May A.D., 1981 at 1:27 o'clock P.M., and duly recorded in  
Vol 81 of Deeds on Page 9567.  
Fee \$ 3.50

EVELYN BROWN  
DUPLICATE

By Debra A. Jensen deputy