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

Vol. 181 Page 9567

206

## CERTIFICATE OF DEATH

File Number

TYPE  
PRINT  
IN  
WARRANT  
BLACK  
INK  
FOR  
DUPLICATIONS  
SEE  
BOOK

IDENT  
DEATH  
ARRIVED IN  
TUTION,  
AND BOOK  
AROUND  
LETION OF  
ANCE ITEMS

POSITION

1

2

3

PHYSICIAN

CONDITIONS

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

DURING THE

PREVAILING

CAUSE LAST

USE OF

DEATH

4

5

6

DECEASED—NAME First Middle Last <b>LEO "REX" CHAPMAN</b>		DATE OF DEATH (month, day, year) <b>May 26, 1981</b>	
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>		2 DATE OF BIRTH (month, day, year) <b>March 26, 1905</b>	
3 SEX <b>Male</b>		4 AGE—Last birthday (years) <b>76</b>	
5 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>Klamath Co. Nursing Home</b>	
7a Klamath Falls		7b Klamath Co. Nursing Home	
8 STATE OF BIRTH (If not in U.S.A., name country) <b>Iowa</b>		9 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10 SOCIAL SECURITY NUMBER <b>518-03-9392</b>		11 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Cowboy</b>	
12a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>		13 SPOUSE (IF MARRIED, WIDOWED) <b>Katie Kildow</b>	
14a RESIDENCE—STATE <b>Oregon</b>		15a COUNTY <b>Klamath</b>	
16 CITY, TOWN, OR LOCATION <b>Merrill</b>		17 STREET AND NUMBER OR R.F.D., ZIP <b>P.O. Box 345 97633</b>	
18 FATHER—NAME first middle last <b>Grover Cleveland Chapman</b>		19 MOTHER—Maiden Name first middle last <b>Sarah Anna Earlywine</b>	
20a BIRTH, CREMATION, REMOVAL, MAUSOLEUM (specify) <b>Cremation</b>		20b CEMETERY OR CREMATORY—NAME <b>Eternal Hills Crematory</b>	
21a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) <b>William J. Davenport</b>		21b NAME AND ADDRESS OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601</b>	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <b>Edward T. McClure, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon</b>		22b DATE SIGNED (M, D, Y) <b>5/26/81</b>	
23a NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Edward T. McClure, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon</b>		23b HOUR OF DEATH <b>5:55 A.M.</b>	
24a DATE RECEIVED BY REGISTRAR (M, D, Y) <b>MAY 26 1981</b>		24b REGISTRAR (Signature) <b>Claudia Francis</b>	
25a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) <b>Metastatic Cut Cell Carcinoma</b>		25b INTERVAL BETWEEN ONSET AND DEATH	
26a DUE TO, OR AS A CONSEQUENCE OF:		26b INTERVAL BETWEEN ONSET AND DEATH	
27a DUE TO, OR AS A CONSEQUENCE OF:		27b INTERVAL BETWEEN ONSET AND DEATH	
28a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>No</b>		28b AUTOPSY (Specify Yes or No) <b>No</b>	
29a ACCIDENT (Specify Yes or No) <b>No</b>		29b DATE OF INJURY (M, D, Y) <b>No</b>	
30a INJURY AT WORK (Specify Yes or No) <b>No</b>		30b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>No</b>	
31a LOCATION <b>No</b>		31b STREET OR R.F.D. NO <b>No</b>	
32a CITY OR TOWN <b>No</b>		32b STATE <b>No</b>	
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., 19 81 at 1:27 o'clock P.M., and duly recorded inVol M81 of Deeds on Page 9567.Fee \$ 3.50

EVELYN BIEHN

DUPLICATE

By Debra A. Jensen deputy