'81 AUG 6 PM 2 02

ate of Oregon
REGON STATE HEALTH DIVISION 2945
partment of Human Resources

CERTIFICATE OF DEATH

Vol. M81 Page 14040

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Local File Number

State File Number

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

	First	Middle	Last
1 DECEASED—NAME	Clifford	Olson	Cope Jr.

2 DATE OF DEATH (month, day, year): May 5, 1981

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

4 SEX: Male

5a AGE—Last birthday (years): 55

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): November 6, 1925

7a CITY, TOWN OR LOCATION OF DEATH: Springfield

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

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

7d COUNTY OF DEATH: Lane

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): Virginia Lee Cope

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

13 SOCIAL SECURITY NUMBER: 539-12-0401

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

14b KIND OF BUSINESS OR INDUSTRY: Lumber

15a RESIDENCE—STATE: Oregon

15b COUNTY: Lane

15c CITY, TOWN, OR LOCATION: Thurston X

15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 7 97482 X

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

16 FATHER—NAME first middle last: Cifford O. Cope Sr.

17 MOTHER—Maiden Name first middle last: Winifred Weaver

18 INFORMANT—NAME and relationship to deceased: Virginia Cope- wife

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Springfield Memorial Cemetery

19c LOCATION city or town state: Springfield, Oregon

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

20b NAME AND ADDRESS OF FACILITY: Buell Chapel 320 N. 6th St. Springfield, Oregon 97477

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]: Dennis J Gory MD

21b DATE SIGNED [Mo., Day, Yr.]: 5/11/81

21c HOUR OF DEATH: 1408 M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Dennis Gory MD 1705 Centennial Springfield, Oregon 97477

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: May 11, 1981

22b REGISTRAR [Signature]: Marjorie D. Kainy - Deputy

CAUSE OF DEATH

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

		Interval between onset and death
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:	SUDDEN DEATH	
(b) DUE TO, OR AS A CONSEQUENCE OF:	CORONARY ARTERY DISEASE	
(c)		

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): CONGESTIVE HEART FAILURE

24 AUTOPSY (Specify Yes or No): no

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): yes

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or 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 LANE

Date MAy 11, 1981

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE OREGON STATE HEALTH DIVISION.

Registrar of Vital Statistics

By Marjorie D. Kainy Deputy

cc 3.50

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 6th day of August A.D., 1981 at 2:02 o'clock P M., and duly recorded in Vol M81 of Deeds on page 14040.

Fee $3.50

EVELYN BIEHN
COUNTY CLERK

By [signature] Deputy