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Vital Record Unit

Local File Number: 391 State File Number:

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1		Lawton	C.	Berry	2 October 8, 1981	
RACE (White, Black, American Indian, etc. (specify))	SEX	AGE—Last birthday (years)		Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 80		5b mos	5c days	6 October 7, 1901
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)		COUNTY OF DEATH
7a Klamath Falls		7b Merle West Medical Center		7c Inpatient		7d Klamath
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Oklahoma	9 U.S.A.	10 Never Married		11 —		12 Yes
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 551-22-5017		14a Banking Officer		14b Banking		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls		15d 7607 Donegal St. 97601		15e No
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 Champ Berry		17 Ada Brewster		18 Willie Mae Parish, Sister X		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE (Person Acting As Such) (Signature)		NAME AND ADDRESS OF FACILITY				
20a [Signature]		20b Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a [Signature]		21b 10/12/81		21c 1:40 P.M. M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Dave Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a OCT 12 1981		22b [Signature] Claudia Francis				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I (a) Pneumonia - bacterial		Interval between onset and death				
(b) Brain Stem infarction		Interval between onset and death				
(c) Cerebrovascular insufficiency		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						
ACIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
24 No		25	26	27		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
28a		28b	28c	28d	28e	28f
RESERVED FOR REGISTRAR'S USE						

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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 OCT 12 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

13th day of October A.D., 1981 at 8:40 o'clock A.M., and duly recorded in

Vol M-81 of Deeds on page 17966.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK

By [Signature] deputy

HS-2 (Rev 1/80)