of Oregon
3ON STATE HEALTH DIVISION
rtment of Human Resources

5966

CERTIFICATE OF DEATH

Vol. M81 Page 18971

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

Local File Number 418

State File Number

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, E HANDBOOK REGARDING MPLETION OF IDENCE ITEMS

1. First: Haigh | Middle: Eugene | Last: Chown
2. DATE OF DEATH (month, day, year): October 29, 1981
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 63
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): February 11, 1918
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Kansas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Dorothy Chown
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
13. SOCIAL SECURITY NUMBER: 559-07-9871
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Millwright & Main. Super.
14b. KIND OF BUSINESS OR INDUSTRY: Lumber
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 1405 Wiard St. 97601
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: George Chown
17. MOTHER—Maiden Name first middle last: Maggie Moffatt
18. INFORMANT—NAME and relationship to deceased: Dorothy Chown, Wife
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
19c. LOCATION city or town state: Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,

DISPOSITION

1. 2. 3.

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]: [signature]
21b. DATE SIGNED [Mo., Day, Yr.]: October 30, 1981
21c. HOUR OF DEATH: 4:40 A.M. M
21d. NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake Berven, M.D., 2616 Clover St., Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

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

22a. DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: OCT 30 1981
22b. REGISTRAR [Signature]: Claudia Kancis

USE OF 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: Respiratory failure — Interval between onset and death: 10min
(b) DUE TO, OR AS A CONSEQUENCE OF: Massive intrapulmonary hemorrhage — Interval between onset and death: 10min
(c) Liver cirrhosis, Pulmonary carcinoma — Interval between onset and death: 6mos

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

24. AUTOPSY [Specify Yes or No]: No
25. WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

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 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Claudia Kancis, Deputy Registrar
Date OCT 30 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 30th day of October A.D., 19 81 at 3:17 o'clock P M., and duly recorded in Vol M81, of Deeds on page 18971.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK
By Samantha W. Deloach deputy