CONN & LYNCH
ATTORNEYS AT LAW
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Post Office Box 351
Lakeview, Oregon 97630

7147

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

Vol. M81 page 20971

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

81-45
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (First, Middle, Last): 1 Charles Albert Waterhouse

DATE OF DEATH (month, day, year): 2 October 21, 1981

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

SEX: 4 Male

AGE—Last Birthday (years): 5a 73

Under 1 year: mos / days — Under 1 day: hours / min: 5b / 5c

DATE OF BIRTH (month, day, year): 6 May 28, 1908

CITY, TOWN OR LOCATION OF DEATH: 7a Lakeview

HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number): 7b Lake District Hospital

IF HOSP OR INST, Indicate DOA, Observ., Rm., Inpatient (Specify): Inpatient

COUNTY OF DEATH: 7d Lake

STATE OF BIRTH (If not in U.S.A. name country): 8 Oregon

CITIZEN OF WHAT COUNTRY: 9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 Frances Eleanor Waterhouse

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

SOCIAL SECURITY NUMBER: 12 544-20-2562

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13 Engineer (Retired)

KIND OF BUSINESS OR INDUSTRY: 14b U.S. Forest Service

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Lake

CITY, TOWN, OR LOCATION: 15c Lakeview

STREET AND NUMBER OR R.F.D., ZIP: 15d 247 S. H St.

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

FATHER—NAME first middle last: 16 Charles Austin Waterhouse

MOTHER—Maiden Name first middle last: 17 Lillian May Morey

INFORMANT—NAME and relationship to deceased: 18 Frances Waterhouse, Wife

BURIAL, CREMATION, REMOVAL, MAUS. (Specify): 19a Cremation

CEMETERY OR CREMATORY—NAME: 19b Eternal Hills Crematorium

LOCATION city or town, state: 19c Klamath Falls, Oregon

DISPOSITION

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: 20a Lewis C. Robertson

NAME AND ADDRESS OF FACILITY: 20b Ousley-Osterman Mortuary, 410 Center St. Lakeview, Oregon 97630

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Lewis C. Robertson

DATE SIGNED (Mo., Day, Yr.): 21b 10/22/81

HOUR OF DEATH: 21c 10:16 P. M

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Lewis C. Robertson, M.D. 629 Center St., Lakeview, Oregon 97630

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a October 22, 1981

REGISTRAR: 22b [Signature] Geo Robson, deputy

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

IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I (a) Respiratory Arrest — Interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF:

(b) Cerebral Vascular Accident — Interval between onset and death: 14 days

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

Right hemiplegia & terminal REBB on EHG

AUTOPSY [Specify Yes or No]: 24 No

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

ACCIDENT [Specify Yes or No]: 26a

DATE OF INJURY (Mo., Day, Yr.): 26b

HOUR OF INJURY: 26c M

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 — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 26g

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON

COUNTY OF LAKE

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

BY: Geo Robson
DEPUTY REGISTRAR

(SEAL)

DATE October 22 19 81

NOT VALID WITHOUT RAISED SEAL OF LAKE COUNTY HEALTH DEPARTMENT

VOID IF ALTERED

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 7 day of December A.D., 1981 at 9:46 o'clock A M., and duly recorded in Vol M 81 Deeds on page 20971.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce M. Yeon deputy