

12323

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

Vol. M82 Page 7895

208

Local File Number

## CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last EARL H. BANKS		DATE OF DEATH (month, day, year) June 5, 1982	
1 RACE White, Black, American Indian, etc. (specify) 3 White	2 SEX 4 Male	5a AGE—Last birthday (years) 42	5b Under 1 year 5c Under 1 day
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center	
8 STATE OF BIRTH (If not in U.S., name country) California		9 U.S.A.	
10 SOCIAL SECURITY NUMBER 530-36-6483		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 12 Married	
13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Auto Mechanic		15a SPOUSE (IF MARRIED, WIDOWED) 16 Mary A. Banks	
17 RESIDENCE—STATE Oregon		18 COUNTY OF DEATH Klamath	
19a FATHER—NAME first middle last Earl H. Bryden		19b MOTHER—Maiden Name first middle last Betty - Lenhart	
20a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Cremation		20b CEMETERY OR CREMATORY—NAME Eternal Hills Crematory	
21a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William J. Davenport		21b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 22a (Signature) J. Cleve Sharp MD		22b DATE SIGNED (Mo., Day, Yr.) 6/9/82	
23a NAME AND ADDRESS OF CERTIFIER (Type or Print) J. Cleve Sharp, MD, Chiloquin Medical Center, Chiloquin, Oregon 97624		23b HOUR OF DEATH 9:26 P M	
24a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 10 1982		24b REGISTRAR (Signature) Marian Francis	
25a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cardiac arrest - asystole		Interval between onset and death 20 min	
(b) angina / cardiac ischemia		Interval between onset and death 1 hour	
(c) 3 vessel coronary atherosclerosis		Interval between onset and death 4 years	
26a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) none		26b AUTOPSY (Specify Yes or No) No	
26c ACCIDENT (Specify Yes or No) No		26d WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
26e DATE OF INJURY (Mo., Day, Yr.)		26f HOUR OF INJURY	
26g PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		26h DESCRIBE HOW INJURY OCCURRED	
26i LOCATION		26j STREET OR R.F.D. NO.	
26k CITY OR TOWN		26l 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Francis, Deputy Registrar

Date JUN 14 1982

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

21 day of June A.D., 1982 at 2:59 o'clock P M., and duly recorded in

Vol M 82, of Deeds on page 7895.

Fee \$ 4.00

EVELYN BIEHN  
COUNTY CLERK

By Joyce McQuinn deputy