

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 9138

13687 260

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 FRED VANCE DevINE					2 July 14, 1982	
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 72	5b mos	5c hours	6 October 10, 1909
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 233 N. Eldorado		7c		7d Klamath
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Oklahoma		9 U.S.A.		10 Married		12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (If married, widowed)		KIND OF BUSINESS OR INDUSTRY
13 446-07-2517		14a Laborer		11 Sarah Stansill		14b Millwork
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 233 N. Eldorado 97601		15e Yes
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 Joel - DeVine		17 Maude Dove Stone		18 Sarah Elizabeth DeVine, wife		
BURIAL, CREMATION, REMOVAL, MAINT. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a William J. Davenport		Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601				
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 7-14-82		21c 9:00 A.M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)						
21d Alden B. Glidden, MD, 2680 Uhrmann Road, 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 JUL 15 1982		22b [Signature] Maudie Francis				
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 Arrest				Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:		Metastatic Disease				Interval between onset and death
(c) Epidermoid Carcinoma of the Esophagus		Undetermined				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a No		26b	26c	26d		
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
26e No		26f	26g			

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 Maudie Francis, Deputy Registrar

Date JUL 15 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 19 day of July A.D., 1982 at 10:30 o'clock A M, and duly recorded in Vol M 82, of Deeds on page 9138.

Fee \$4.00

EVELYN BIEHN COUNTY CLERK

by Evelyn Biehn Deputy