Oregon
STATE HEALTH DIVISION
Dept of Human Resources

CERTIFICATE OF DEATH

Vol. M82 Page 9314

Vital Records Unit

13805 261
Local File Number

State File Number

DECEASED—NAME: First LAWRENCE; Middle E.; Last PRIEST, SR.

DATE OF DEATH (month, day, year): July 14, 1982

1 RACE White, Black, American Indian, etc. (specify): White

2 SEX: Male

3 AGE—Last birthday (years): 92

Under 1 year: mos. / days

Under 1 day: hours / min.

DATE OF BIRTH (month, day, year): December 3, 1889

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. View Care Center

IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

COUNTY OF DEATH: Klamath

STATE OF BIRTH (If not in U.S.A., name country): South Dakota

CITIZEN OF WHAT COUNTRY: U.S.A.

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

SPOUSE (IF MARRIED, WIDOWED): Emily Priest

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

SOCIAL SECURITY NUMBER: 541-09-8979

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

KIND OF BUSINESS OR INDUSTRY: Auto Repair

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 1861 Wiard Street 97601

Inside City Limits (specify yes or no): No

FATHER—NAME first middle last: Andrew — Priest

MOTHER—Maiden Name first middle last: Louise — Edlamann

INFORMANT—NAME and relationship to deceased: Emily H. Priest, wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum

CEMETERY OR CREMATORY—NAME: Haven of Rest, Eternal Hills Memorial Gardens

LOCATION city or town state: Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

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]: B L Berven MD

DATE SIGNED (Mo., Day, Yr.): July 19, 1982

HOUR OF DEATH: 7:55 A M

NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUL 19 1982

REGISTRAR 22b [Signature]: Claudia Francis

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

23 IMMEDIATE CAUSE: Acute myocardial infarction — Interval between onset and death: 5 min

(a) DUE TO, OR AS A CONSEQUENCE OF: Generalized ASHD and atherosclerosis — Interval between onset and death: 4 years

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c)

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

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No

ACCIDENT (Specify Yes or No): 26a No

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 No

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f

LOCATION: 26g — 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date JUL 19 1982

VOID IF ALTERED

(SEAL)

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 July A.D., 1982 at 11:18 o'clock A M., and duly recorded in Vol M 82 of Deeds on page 9314.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McDaniel deputy