of Oregon
ION STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 9730

14058 261
Local File Number

State File Number

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

DECEDENT

1 DECEASED—NAME: First MICKEY; Middle LEE; Last CHALMERS

2 DATE OF DEATH (month, day, year): July 23, 1982

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

4 SEX: Male

5a AGE—Last birthday (years): 29

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): February 2, 1953

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 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): California

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

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

11 SPOUSE (IF MARRIED, WIDOWED): --

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 543-64-5095

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Ranching

14b KIND OF BUSINESS OR INDUSTRY: Agriculture

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: Harriman Route Box 58 97601

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

16 FATHER—NAME first middle last: Raymond W. Chalmers

17 MOTHER—Maiden Name first middle last: Loal - Carpenter

18 INFORMANT—NAME and relationship to deceased: Raymond Chalmers, father

19a DISPOSITION — BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

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]: Blake Berven

21b DATE SIGNED [Mo., Day, Yr.]: July 26, 1982

21c HOUR OF DEATH: 11:08 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 26 1982

22b REGISTRAR [Signature]: Claudia Francis

CAUSE OF DEATH

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

PART I

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

(a) Respiratory Failure — Interval between onset and death: 5min

DUE TO, OR AS A CONSEQUENCE OF:

(b) Pneumonia — Interval between onset and death: 2days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Cystic fibrosis — Interval between onset and death: Years

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]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]: 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)

'82 JUL 29 PM 3 07

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 Francis, Deputy Registrar

Date JUL 27 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 29 day of July A.D., 19 82 at 3:07 o'clock P M and duly recorded in Vol M 82, of Deeds on page 9730

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce McPherson Deputy