of Oregon
ION STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vol M82 Page 17194

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1905772
Local File Number

State File Number

DECEASED—NAME (1) First: CHARLES Middle: GRANT Last: SMITH

DATE OF DEATH (month, day, year) (2): October 16, 1982

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

SEX (4): Married

AGE—Last birthday (years) (5a): 72 | Under 1 year: mos (5b) days | Under 1 day: hours (5c) min

DATE OF BIRTH (month, day, year) (6): April 15, 1910

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

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

IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) (7c): Inpatient

COUNTY OF DEATH (7d): Klamath

CEDENT

IF DEATH OCURRED IN STITUTION, HANDBOOK EGARDING PLETION OF DENCE ITEMS

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

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

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

SPOUSE (IF MARRIED, WIDOWED) (11): Elizabeth

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

SOCIAL SECURITY NUMBER (13): 551 - 36 - 5144

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (14a): Chief Boilermaker / Ret.

KIND OF BUSINESS OR INDUSTRY (14b): U.S. Navy

RESIDENCE—STATE (15a): Oregon

COUNTY (15b): Klamath

CITY, TOWN, OR LOCATION (15c): Midland

STREET AND NUMBER OR R.F.D., ZIP (15d): PO Box 56 97634

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

FATHER—NAME first middle last (16): –

MOTHER—Maiden Name first middle last (17): –

INFORMANT—NAME and relationship to deceased (18): Elizabeth Smith / Wife

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

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

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

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] (20a): James R. Reed

NAME AND ADDRESS OF FACILITY (20b): WARD'S / 1945 Main / Klamath Falls, Oregon / 9760

POSITION

1. —
2. —
3. —

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

RTIFIER

21a [Signature]: E. McClure

DATE SIGNED [Mo., Day, Yr.] (21b): 10/19/82

HOUR OF DEATH (21c): 12:25 A M

NAME AND ADDRESS OF CERTIFIER [Type or Print] (21d): Edward T. McClure, MD / 905 Main, Suite 200 / Klamath Falls, Oregon

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] (22a): OCT 19 1982

REGISTRAR (22b) [Signature]: Claudia Francis

ONDITIONS IF ANY HICH GAVE RISE TO MMEDIATE CAUSE 'ATING THE NDERLYING AUSE LAST

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

PART I

(a) Congestive heart failure — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

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

(c) — Interval between onset and death

USE OF EATH

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]	DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
No		M	

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
No				

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 OCT 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 6 day of Dec. A.D.,19 82 at 12:03 o'clock p M and duly recorded in Vol M82, of Deeds on page 17194

EVELYN BIEHN COUNTY CLERK

FEE $ 4.00

by Joyce McClure Deputy