

CERTIFICATE OF DEATH

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Vital Records Unit

Vol. M82 Page 17204

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Local File Number

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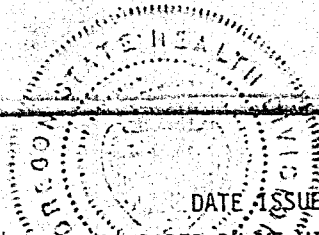
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DECEASED—NAME First Middle Last WILLIAM FREEMAN HARTMAN		DATE OF DEATH (month, day, year) 2 December 27, 1981	
1 RACE White, Black, American Indian, etc. (specify) White		2 SEX Male	
3 AGE—Last birthday (years) 58		4 Under 1 year Under 1 day 5b 5c	
5 CITY, TOWN OR LOCATION OF DEATH Bend		6 HOSPITAL OR OTHER INSTITUTION—NAME (If not, give street and number) St. Chas. Med. Cent.	
7a STATE OF BIRTH (If not in U.S., name country) Oklahoma		7b CITIZEN OF WHAT COUNTRY USA	
8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Divorced		9 SPOUSE (IF MARRIED, WIDOWED) -	
10 SOCIAL SECURITY NUMBER 542-18-7437		11 US DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) yes	
12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Salesman		13 KIND OF BUSINESS OR INDUSTRY Hardware	
14 RESIDENCE—STATE Oregon		15 COUNTY Deschutes	
16 CITY, TOWN, OR LOCATION Gilchrist		17 STREET AND NUMBER OR R.F.D., ZIP Star Rt. 97737	
18 FATHER—NAME first middle last Clarence H. Hartman		19 MOTHER—Maiden Name first middle last Ruby J. Jones	
20 INFORMANT—NAME and relationship to deceased William Paul Hartman (Son)		21 LOCATION city or town state Bend, Oregon	
22 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		23 CEMETERY OR CREMATORY—NAME Pilot Butte Cemetery	
24 GENERAL SERVICE LICENSEE OF Person Acting As Such (Specify) LABOR'S Desert Hills		25 MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701	
26 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 30, 1981		27 REGISTRAR Jacqueline Mathis, Dep. Registrar	
28 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Septic		29 INTERVAL BETWEEN ONSET AND DEATH 12 hr	
30 PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Septic		31 INTERVAL BETWEEN ONSET AND DEATH 2 days	
32 (b) DUE TO, OR AS A CONSEQUENCE OF: Chronic obstruction		33 INTERVAL BETWEEN ONSET AND DEATH	
34 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		35 AUTOPSY (Specify Yes or No) No	
36 ACCIDENT (Specify Yes or No) No		37 DATE OF INJURY (Mo., Day, Yr.) 26b	
38 INJURY AT WORK (Specify Yes or No) No		39 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26c	
40 LOCATION 26d		41 STREET OR R.F.D. NO. 26e	
42 CITY OR TOWN 26f		43 STATE 26g	
RESERVED FOR REGISTRAR'S USE			



HS-2 (Rev. 1/80)

Ref: L.H. Hartman
1141 N. 10th St.
Bend, Oregon

STATE OF OREGON, COUNTY OF MULTNOMAH ss

DATE ISSUED August 31 1982

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

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., 1982 at 1:01 o'clock P.M., and duly recorded in Vol M82, of Deeds on page 17204

EVELYN BIEHN COUNTY CLERK
by Joya McArthur Deputy

Fee \$ 4.00