Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

81-020176

Vol. M82 Page 17204
State File Number

18054 450
Local File Number

1 DECEASED—NAME: First WILLIAM; Middle FREEMAN; Last HARTMAN

2 DATE OF DEATH (month, day, year): December 27, 1981

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

4 SEX: Male

5a AGE—Last birthday (years): 58

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 11, 1923

7a CITY, TOWN OR LOCATION OF DEATH: Bend

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

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

7d COUNTY OF DEATH: Deschutes

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

9 CITIZEN OF WHAT COUNTRY: USA

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]: yes

13 SOCIAL SECURITY NUMBER: 542-18-7437

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

14b KIND OF BUSINESS OR INDUSTRY: Hardware

15a RESIDENCE—STATE: Oregon

15b COUNTY: Deschutes

15c CITY, TOWN, OR LOCATION: Gilchrist

15d STREET AND NUMBER OR R.F.D., ZIP: Star Rt. 97737

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

16 FATHER—NAME first middle last: Clarence H. Hartman

17 MOTHER—Maiden Name first middle last: Ruby J. Jones

18 INFORMANT—NAME and relationship to deceased: Willam Paul Hartman (Son)

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

19b CEMETERY OR CREMATORY—NAME: Pilot Butte Cemetery

19c LOCATION city or town state: Bend, Oregon

20a FUNERAL SERVICE LICENSEE or Person Acting As Such [Signature]: Eugene Tabor

20b NAME AND ADDRESS OF FACILITY: TABOR'S Desert Hills MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701

To be Completed by CERTIFYING PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature]:

21b DATE SIGNED [Mo., Day, Yr.]: 12/29/81

21c HOUR OF DEATH: 6:25 PM

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Richard H. Ettinger, M.D. 1501 N. E. Medical Center Dr. - Bend, Oregon 97701

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: December 30, 1981

22b REGISTRAR [Signature]: Jacqueline Mathis, Dep. Registrar

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

PART I
(a) Sepsis — Interval between onset and death: 2 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Bowel obstruction — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Interval between onset and death:

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]:

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)

Rev. C. H. Hartman
3141 N. 10th St
Kearney Nebr 68847

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., 19 82 at 1:01 o'clock PM, and duly recorded in Vol M82, of Deeds on page 17204

EVELYN BIEHN COUNTY CLERK
by Joyce McAmon Deputy

Fee $ 4.00