Vol. M82 Page 17708

CERTIFICATE OF DEATH

Vital Records Unit

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

18343 444
Local File Number

State File Number

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

DECEDENT

1 DECEASED—NAME: First CHARLES; Middle HENRY; Last LOCKE

2 DATE OF DEATH (month, day, year): December 3, 1982

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

4 SEX: Male

5a AGE—Last birthday (years): 66

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 26, 1916

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 4236 Gary Street

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Marguerite Locke

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

13 SOCIAL SECURITY NUMBER: 512-07-8645

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

14b KIND OF BUSINESS OR INDUSTRY: Lumber Industry

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4236 Gary Street 97601

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

16 FATHER—NAME first middle last: Terrence M. Locke

17 MOTHER—Maiden Name first middle last: Opal B. Smith

18 INFORMANT—NAME and relationship to deceased: Marguerite M. Locke, wife

19a 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 T. Davenport

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

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

21b DATE SIGNED (Mo., Day, Yr.): 12/3/82

21c HOUR OF DEATH: 1:40 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Dave Seeley, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601

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

To Be Completed by CERTIFYING PHYSICIAN Only

CERTIFIER

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 6 1982

22a REGISTRAR

22b [Signature]: Claudia Francis

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

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

23 IMMEDIATE CAUSE (a): CA Colon - Metastatic — Interval between onset and death: 4 yrs

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

(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)

24 AUTOPSY (Specify Yes or No): No

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

CAUSE OF DEATH

ACCIDENT (Specify Yes or No): No

26a INJURY AT WORK (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY occurred

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

26f LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE

26g

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 DEC 7 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

14 day of Dec A.D., 19 82 at 10:49 o'clock A M., and duly recorded in

Vol M82 of Deeds on page 17708.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy