of Oregon
ION STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

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

19293 484 — Local File Number

Vital Records Unit

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DECEDENT

1 Name: First: Edward; Middle: Thomas; Last: Beasworrick

State File Number:

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

4 SEX: Male

5a AGE—Last Birthday (years): 71

5b Under 1 year: mos / days

5c Under 1 day: hours / min

2 DATE OF DEATH (month, day, year): December 27, 1982

6 DATE OF BIRTH (month, day, year): February 26, 1911

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

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

SPOUSE (IF MARRIED, WIDOWED): Carol Mildred Beasworrick

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

13 SOCIAL SECURITY NUMBER: 554-05-5092

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

14b KIND OF BUSINESS OR INDUSTRY: Casting

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Beatty

15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 4 97621

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

16 FATHER—NAME first middle last: Edward Thomas Beasworrick

17 MOTHER—Maiden Name first middle last: Mary Elizabeth Collins

18 INFORMANT—NAME and relationship to deceased: Carol Mildred Beasworrick, Wife

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

19b CEMETERY OR CREMATORY—NAME: Oak Hills Memorial Park

19c LOCATION city or town, state: San Jose, California

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike O'Hair

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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.): 1/2/83

21c HOUR OF DEATH: 9:05 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, M.D., 2616 Clover St., Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): January 3, 1982

22b REGISTRAR [Signature]: Claudia Francis

CERTIFIER

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

23 IMMEDIATE CAUSE (a): Pulmonia

DUE TO, OR AS A CONSEQUENCE OF (b): Metastatic Carcinoma Lung Carcinoma

(c):

Interval between onset and death: 2 Mos

Interval between onset and death: 2 mos

Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

ACCIDENT (Specify Yes or No): 26a No

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

HOUR OF INJURY: 26c

DESCRIBE HOW INJURY OCCURRED: 26d

AUTOPSY (Specify Yes or No): 24 No

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

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

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

Paid
Recd
884-3575

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date Jan. 3, 1983

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 12 day of Jan A.D., 1983 at 2:29 o'clock P M and duly recorded in Vol M83, of Deeds on page 602

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by _____ Deputy