of Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vol. M83 Page 1713

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

20073 33
Local File Number

State File Number

DECEDENT

DECEASED NAME — First: Walter — Middle: A. — Last: Cambron

DATE OF DEATH (month, day, year): January 25, 1983

DATE OF BIRTH (month, day, year): November 24, 1898

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

SEX: Male

AGE- Last birthday (years): 84

Under 1 year: Months / Days

Under 1 day: Hours / Minutes

COUNTY OF DEATH: Klamath

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

If HOSP OR INST: Indicate DOA (Emergency Room, Inpatient, etc.): Inpatient

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

CITIZEN OF WHAT COUNTRY: U.S.A.

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

SPOUSE (If MARRIED, WIDOWED): Jewel H. Cambron

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

SOCIAL SECURITY NUMBER: 564-28-6090 A

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

KIND OF BUSINESS OR INDUSTRY: Lumber: Weyco

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 4770 Climax, Sp. #4 97601

Inside City Limits (Specify yes or no): ✓

FATHER—NAME first middle last: George Cambron

MOTHER Maiden Name first middle last: Jennie Adams

INFORMANT NAME and relationship to deceased: Jewel H. Cambron, Wife ✓

DISPOSITION

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

CEMETERY OR CREMATORY NAME: Fort Bidwell Cemetery

LOCATION city or town, state: Fort Bidwell, California

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Mike Glass

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

CERTIFIER

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.

DATE SIGNED (Mo. Day. Yr.): 1/28/83

HOUR OF DEATH: 8:37 A.M.

21a (Signature): Charles D. Bury

NAME AND ADDRESS OF CERTIFIER (Type or Print): Charles D. Bury, M.D., 2300 Clairmont St., Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): JAN 25 1983

REGISTRAR (Signature): Claudia Francis

2 1983 64

ADDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I

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

(a) DUE TO, OR AS A CONSEQUENCE OF: Acute Myocardial Infarction

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

(c)

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

Interval between onset and death

AUTOPSY (Specify Yes or No): Yes

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

ACCIDENT (Specify Yes or No): No

DATE OF INJURY (Mo. Day. Yr.)

HOUR OF INJURY

DESCRIBE HOW INJURY OCCURRED

INJURY AT WORK (Specify Yes or No): No

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

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

'83 FEB 1 PM 2 24

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 25 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 1 day of Feb. A.D., 1983 at 2:24 o'clock P M, and duly recorded in Vol M83, of Deeds on page 1713.

EVELYN BIEHN COUNTY CLERK

by Donna M. Dixon Deputy

Fee $ 4.00