

CERTIFICATE OF DEATH

Vol. M83 Page 3756

TYPE
PRINT
IN
AGENT
ACK
BOOK

21309

88

Vital Records Unit

Local File Number

DECEASED—NAME		First		Middle		Last		State File Number	
James		Phillip		Cole				February 26, 1983	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Male		62		Under 1 day		June 12, 1920	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP OR INST and date DOA		OP Emer. Rm. Inpatient (Specify)		COUNTY OF DEATH	
Bend		St. Charles Medical Ctr.		inpatient				Deschutes	
STATE OF BIRTH (If not in U.S.A., give country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (If MARRIED WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
Minnesota		USA		Married		Dorothy M.		Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
504 10 7587		Serviceman		Natural Gas Company					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)	
Oregon		Klamath		Crescent		Highway 97 South		15a NO	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased					
Harold C. Cole		Amelia Maynard		Dorothy M. Cole		wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state					
Cremation		Central Oregon Cremation Assoc.		Bend Oregon					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY							
Ann Reynolds		Niswonger-Reynolds, Inc. 105 N.W. Irving		Bend, OR 97701					
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.)		HOUR OF DEATH			
21a (Signature)		NAME AND ADDRESS OF CERTIFIER (Type or Print)		February 27, 1983		11:42 P.		M	
Keith W. Harless		M.D. 1501 N.E. Medical Center Drive		Bend, OR 97701					
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR							
March 1, 1983		Vivian M. Raycraft							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									
(a) STAPHYLOCOCCAL REFUS BACTERIAL PNEUMONIA								Interval between onset and death 2-3 days	
(b)								Interval between onset and death	
(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)									
Arteriosclerotic Cardiovascular Disease									
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)	
No								No	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN	
No								STATE	
26a		26b		26c		26d		26e	
RESERVED FOR REGISTRAR'S USE									

NISWONGER-REYNOLDS, INC.
P.O. BOX 229
BEND, OREGON 97709

HS-2 (Rev. 1/80)

STATE OF OREGON
COUNTY OF DESCHUTES

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Deschutes County Health Department.

Vivian M. Raycraft
Vivian M. Raycraft, Registrar
Vital Statistics

SEAL

VOID IF ALTERED

Not valid without raised seal of Deschutes County Health Department

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 14th day of March A.D., 1983 at 9:03 o'clock A M, and duly recorded in Vol M83, of Deeds on page 3756.

Fee \$ 4.00

EVELYN BIEHN COUNTY CLERK
by Bernard A. Litch Deputy