

23182

139

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
WAYNE DARRELL ANSPAUGH					2 May 5, 1983	
RACE White, Black, American Indian, etc. (Specify)		SEX	AGE—Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Male	5a 42		6 May 1, 1941	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HCSP. OR INST. Indicate DOA, Operative, Am., Inpatient (Specify)		
7a Klamath Falls		7b 6409 Elder Way		7c —		
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		COUNTY OF DEATH
8 Kansas		9 U.S.A.		10 Married		7d Klamath
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 511-40-9340		14a Grocery Store Clerk		14b Retail Food Sales		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
15a Oregon		15b Klamath	15c Klamath Falls		15d 6409 Elder Way 97601	
FATHER—NAME		MOTHER—Maiden Name	SPOUSE (If married, widowed)			
16 Samuel R. Anspaugh		17 Emma C. Dunkel	18 Karen Earlene Anspaugh, wife			
BURIAL, CREMATION, REMOVAL, MAUSE (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a William F. Anspaugh		20b 6420 South Sixth Street, Klamath Falls, Oregon 97601				
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) <i>E. M. LeVernois</i>		21b 8 May '83		21c 12:05 A.M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e		21f				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a MAY 9 1983		22b (Signature) <i>Shandianna</i>				
23 IMMEDIATE CAUSE						
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)						
PART I		(a) <i>Cardiac Resp. Failure</i>				Interval between onset and death
1		(b) <i>Wide spread metastatic carcinoma</i>				Interval between onset and death
2		(c) <i>Carcinoma of the Colon</i>				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		25		26		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
24a No		24b		24c		24d
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 STATE
26a NO		26b		26c		26d

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 *Shandianna*, Deputy Registrar

Date MAY 9 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 10th day of May A.D., 1983 at 2:45 o'clock P M, and duly recorded in Vol M83, of Deeds on page 7324.

EVELYN BIEHN COUNTY CLERK

by *Shandianna* Deputy

Fee \$ 4.00