

CERTIFICATE OF DEATH

Vol. 483 Page 7825

Vital Records Unit

TYPE
PRINT
OR
RECORD
BLACK
INK
FOR
RECORDS
SEE
RECORD

EDENT
DEATH
LIVED IN
TUTION
AND/OR
LIVING
1111111111
1111111111

OSITION

TIFER

NOTIONS
IF ANY
WHICH GAVE
USE TO
MEDIATE
CAUSE
-TING THE
DERLYING
USE LAST

SE OF
EATH

40001

115		State File Number	
Local File Number		DATE OF DEATH (month, day, year) 2 April 16, 1983	
DECEASED—NAME First Middle Last HAROLD EUGENE HART		DATE OF BIRTH (month, day, year) 6 September 12, 1924	
1 RACE: White, Black, American Indian, etc. (Specify)	2 SEX: Male	3 AGE—Last birthday (years) 58	4 Under 1 year (months) 5c Under 1 day (hours) 5d
5 White	6 Male	7a HOSPITAL OR OTHER INSTITUTION—NAME West Medical Center	7b F: OP. OR INST. Indicate DOA, OP. or Rm. Inpatient (Specify) Inpatient
8 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	9 HOSPITAL OR OTHER INSTITUTION—NAME West Medical Center	10 F: OP. OR INST. Indicate DOA, OP. or Rm. Inpatient (Specify) Inpatient	11 COUNTY OF DEATH Klamath
12 STATE OF BIRTH (If not in U.S.) Nebraska	13 CITIZEN OF WHAT COUNTRY U.S.A.	14 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	15 SPOUSE (If married, widowed) Betty Hart
16 SOCIAL SECURITY NUMBER 544-12-8263	17 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman	18 KIND OF BUSINESS OR INDUSTRY Pacific Northwest Bell	19 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
20 RESIDENCE—STATE Oregon	21 COUNTY Klamath	22 CITY, TOWN, OR LOCATION Klamath Falls	23 STREET AND NUMBER OR R.F.D., ZIP 97601
24 FATHER—NAME first middle last Arviel Hart	25 MOTHER—Maiden Name first middle last Florence Zimmerman	26 INFORMANT—NAME and relationship to deceased Betty Hart - Wife	27 LOCATION C or town state Klamath Falls, Oregon
28 BURIAL, CREMATION, REMOVAL, MAINE, (Specify) Burial	29 CEMETERY OR CREMATORY—NAME Klamath Memorial Park	30 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Jim Lancaster	31 NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Oregon
32 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated	33 DATE SIGNED (Mo., Day, Yr.) APR 20 1983	34 HOUR OF DEATH 1:05 A.M.	35 NAME AND ADDRESS OF CERTIFIER (Type or Print) Earle M. LeVernois, MD 2628 Campus Dr. Klamath Falls, Oregon
36 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 20 1983	37 REGISTRAR (Signature) Marian Ackerman	38 PART I IMMEDIATE CAUSE (a) Cardia-Pulmonary Failure (b) Male-Mesothelioma (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	39 INTERVAL between onset and death Terminal Kenny Smith
40 ACCIDENT (Specify Yes or No) No	41 DATE OF INJURY (Mo., Day, Yr.) 26b	42 HOUR OF INJURY 26c	43 DESCRIBE HOW INJURY OCCURRED 26d
44 INJURY AT WORK (Specify Yes or No) No	45 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	46 LOCATION 26g	47 STREET OR R.F.D. NO 26h
48 CITY OR TOWN 26i	49 STATE 26j	50 AUTOPSY (Specify Yes or No) No	51 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No
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 Clayton Farnsworth, Deputy Registrar
Date APR 21 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 19th day of May A.D., 1983 at 2:00 o'clock P.M., and duly recorded in Vol 483, of 2 deeds on page 7825.

EVELYN BIEHN COUNTY CLERK

by Shirley Lewis Deputy

Fee \$ 4.00