Oregon
STATE HEALTH DIVISION
ent of Human Resources

23749

CERTIFICATE OF DEATH

Vol. M83 7923

Vital Records Unit

239
Local File Number

DECEASED—NAME: 1 First: Wayne; Middle: Herbert; Last: KEENEY

State File Number

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

SEX 4: Male

AGE—Last Birthday (years) 5a: 78

Under 1 year (mos. / days) 5b:

Under 1 day (hours / min.) 5c:

DATE OF DEATH (month, day, year) 6: May 18, 1983

CITY, TOWN OR LOCATION OF DEATH 7a: Bend

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b: Cent. Ore. Health Care

If HOSP OR INST: Ind.care DOA, Of Emer. Rm., Inpatient (Specify) 7c: Inpatient

DATE OF BIRTH (month day year) 6: October 23, 1904

COUNTY OF DEATH 7d: Deschutes

STATE OF BIRTH (If not in U.S.A., name country) 8: Michigan

CITIZEN OF WHAT COUNTRY 9: USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married

SPOUSE (IF MARRIED, WIDOWED) 11: Doris

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12: NO

SOCIAL SECURITY NUMBER 13: 542-07-8373

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a: Technician (Forestry)

KIND OF BUSINESS OR INDUSTRY 14b: Timber

RESIDENCE—STATE 15a: Oregon

COUNTY 15b: Klamath

CITY, TOWN, OR LOCATION 15c: Crescent

STREET AND NUMBER OR R.F.D., ZIP 15d: P.O. Box 20 97733

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

FATHER—NAME first middle last 16: Herbert Keeney

MOTHER—Maiden Name first middle last 17: Nellie Mae Bennett

INFORMANT—NAME and relationship to deceased 18: Doris Keeney Wife

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

CEMETERY OR CREMATORY—NAME 19b: Redmond Memorial Cemetery

LOCATION city or town state 19c: Redmond, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a: [signature]

NAME AND ADDRESS OF FACILITY 20b: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Ore. 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

21a [Signature] [signature]

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21a: Ivan Eastwood, M.D. 1501 N.E. Medical Center Drive Bend, Ore. 97701

DATE SIGNED (Mo. Day. Yr.) 21b: 5/19/83

HOUR OF DEATH 21c: 12:10 P. M

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

DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.) 22a: May 19, 1983

REGISTRAR 22b [Signature]: Vivian M. Rayeraft

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

PART I
(a) Uremia — Interval between onset and death: 2wk.
DUE TO, OR AS A CONSEQUENCE OF
(b) Prostatic obstruction secondary to Adenocarcinoma — Interval between onset and death: 1mth
DUE TO, OR AS A CONSEQUENCE OF
(c) Bladder tumor — Interval between onset and death: 2yr.

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Diabetes - Senile dementia. COPD

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo. Day. Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26a No	26b	26c M	26d	24 No	25 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	STATE
26e	26f	26g		

RESERVED FOR REGISTRAR'S USE

2cr.

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.

SEAL

Vivian M. Rayeraft
Vivian M. Rayeraft, Registrar
Vital Statistics

VOID IF ALTERED

400 ck

May 19 1983

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 23rd day of May A.D., 19 83 at 9:00 o'clock A M, and duly recorded in Vol M83, of Deeds on page 7923.

Fee $ 4.00

EVELYN BIEHN COUNTY CLERK
by [signature] Deputy