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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

83-009802

208

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First Middle Last Herbert Alvin SPERLING		DATE OF DEATH (month, day, year) May 30, 1983	
2 RACE White, Black, American Indian, etc. (specify) White	3 SEX Male	4 AGE—Last birthday (years) 66	5a Under 1 year 5b Under 1 day 5c Under 1 hour 5d Under 1 min
6 CITY, TOWN OR LOCATION OF DEATH Bly		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Box 74 Bly, OR.	
7b STATE OF BIRTH (If not in U.S.A., name country) Oklahoma		7c CITIZEN OF WHAT COUNTRY USA	
8 SOCIAL SECURITY NUMBER 445-12-3082		9 USUAL OCCUPATION (give kind of work done during most of working life even if retired) Self employed	
10 RESIDENCE—STATE Oregon		11 COUNTY Klamath	
12 CITY, TOWN, OR LOCATION Bly		13 STREET AND NUMBER OR R.F.D., ZIP Box 73 97622	
14 FATHER—NAME first middle last Clabe Sperling		15 MOTHER—Maiden Name first middle last Lera Bailey	
16 BURIAL, CREMATION, REMOVAL, MAUSOLEUM Burial		17 CEMETERY OR CREMATORY—NAME West Side Cemetery	
18 FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) James H. Hefel		19 NAME AND ADDRESS OF FACILITY Osterman Funeral Home 410 Center St. Lakeview 97630	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) [Signature] 21b NAME AND ADDRESS OF CERTIFIER (Type or Print) Melicent A. Whinston, M.D. P.O. Box 466 Chiloquin OR 97624		22 DATE SIGNED (Mo, Day, Yr.) 6/6/83	
23a DATE RECEIVED BY REGISTRAR (Mo, Day, Yr.) JUN 9 1983		23b REGISTRAR (Signature) [Signature]	
24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)			
25 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II ACCIDENT [Specify Yes or No] NO DATE OF INJURY [Mo, Day, Yr.] HOUR OF INJURY M 26d INJURY AT WORK [Specify Yes or No] NO PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f 26g			
26 AUTOPSY [Specify Yes or No] NO 27 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] YES			

HS-2 Rev-1-80

STATE OF OREGON, COUNTY OF MULTNOMAH ss

DATE ISSUED JUNE 20, 1983

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

After recording return to:

Mercedes Sperling
P.O. Box 74
Bly, OR 97622

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 October A.D., 1983 at 3:18 o'clock P.M., and duly recorded in Vol M83, of Deeds on page 17688.

EVELYN BIEHN, COUNTY CLERK

by [Signature] deputy

Fee \$ 4.00