

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED
IF DEATH
OCCURRED IN
HOSPITAL
OR NURSING
HOME
OR IN
PRISON
OR IN
MILITARY
OR NAVAL
SERVICES
OR IN
AERIAL
NAVIGATION
OR IN
AERIAL
TRANSPORT

POSITION

CERTIFIER

CONDITIONS
IF ANY
WAS
PRESENT
AT THE
TIME OF
DEATH
CAUSE
OF DEATH
OR
UNDERLYING
CAUSE LAST

USE OF
EARTH

Local File Number 84

DECEASED—NAME First Middle Last
LESTER LEE STAMPER

RACE White Black American Indian, etc. (Specify) White SEX Male AGE—Last birthday (years) 72 Under 1 year mos days hours min Under 1 day

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME West Medical Center IF HOSP OR INST. Indicate DOA, OP/Emg, Rm, Inpatient (Specify) Inpatient

STATE OF BIRTH (If not in U.S. name country) Oregon CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married

SOCIAL SECURITY NUMBER 533 / 10 / 1235 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Savings Officer

RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D., ZIP 2229 Laurel Street 97601

FATHER—NAME first middle last Charles H. Stamper MOTHER—Maiden Name first middle last Clara Bell Atteberry

BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Cremation CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens

FUNERAL SERVICE LICENSEE Or Person Acting As Such NAME AND ADDRESS OF FACILITY Lillian M. Stamper / Wife

20a Signature of Glenn G. Gailis 20b WARD'S - 1945 Main - Klamath Falls, Or - 97601

21a Signature of Glenn G. Gailis DATE SIGNED (Mo. Day, Yr.) 3/9/82

21d Glenn G. Gailis, MD / 1905 Main / Klamath Falls, Oregon 97601

21e DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) MAR 1-0 1982 REGISTRAR

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

(a) CARDIORESPIRATORY ARREST

(b) ARTERIO SCLEROTIC VASCULAR DISEASE

(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT [Specify Yes or No] No DATE OF INJURY (Mo. Day, Yr.) HOUR OF INJURY AUTOPSY [Specify Yes or No] No

INJURY AT WORK [Specify Yes or No] No PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

after recording return to
Lillian Stamper
405 S.W. 88th Avenue
Klamath Falls, Oregon 97601

STATE OF OREGON
County of Klamath

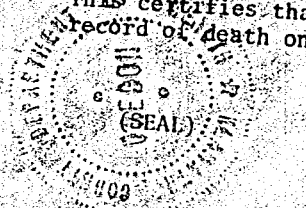
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Glenn G. Gailis, Deputy Registrar
Date MAR 11 1982

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 29th day of March A.D., 19 84 at 3:39 o'clock P. M.
and duly recorded in Vol M84, of Deeds on page 5013.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy