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35408

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

CERTIFICATE OF DEATH

119 (Local File Number) — (State File Number)

1 DECEASED—NAME: First: Roderick; Middle: Keith; Last: CRAMPTON
2 DATE OF DEATH (month, day, year): April 3, 1984
3 RACE (White, Black, American Indian, etc. (specify)): White
4 SEX: Male
5a AGE—Last birthday (years): 59
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): June 22, 1924
7a CITY, TOWN OR LOCATION OF DEATH: Gilchrist
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Star Rt. Cougar Ln
7c IF HOSP. OR INST. Indicate DOA (Dead on arrival, Er, Inpatient [Specify]):
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Oregon
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Velma
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 541-24-2034
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Maintenance Man
14b KIND OF BUSINESS OR INDUSTRY: Textile Industries
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Gilchrist
15d STREET AND NUMBER OR R.F.D., ZIP: Star Route Couger Ln. 97737
15e Inside City Limits (specify yes or no): No
16 FATHER NAME (first, middle, last): Charles Crampton
17 MOTHER (first, middle, last) (Maiden Name): Edith McBride
18 INFORMANT NAME (and relationship to deceased): Velma Crampton Wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial
19b CEMETERY OR CREMATORY NAME: Oakville Cemetery
19c LOCATION (city or town, state): Oakville Oregon
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Thomas Kaiser
20b NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Or 97701
21a 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 [Signature]: D. Thomas Combs
21b DATE SIGNED [Mo., Day, Yr.]: 4-4-84
21c HOUR OF DEATH: 5:30 P. M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: D. Thomas Combs, M.D. 1501 N.E. Medical Center Dr. Bend, Oregon 97701
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: APR 6 1984
22b REGISTRAR [Signature]: Katherine E Arnett

PART I — CAUSE OF DEATH [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
23 IMMEDIATE CAUSE (a): Congestive Cardiomyopathy — Interval between onset and death: —
DUE TO, OR AS A CONSEQUENCE OF:
(b): Arteriosclerotic heart disease — Interval between onset and death: —
DUE TO, OR AS A CONSEQUENCE OF
(c): 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 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Yr.):
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
26e INJURY AT WORK (Specify Yes or No):
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 Katherine E Arnett, Deputy Registrar

Date APR 6 1984

VOID IF ALTERED

(SEAL)

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 April A.D., 1984 at 1:05 o'clock P M. and duly recorded in Vol M84, of Deeds on page 5907.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 4.00

Return.

NISWONGER-REYNOLDS, INC.
P.O. BOX 229
BEND, OREGON 97709