

35745

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

Vol. M84 Page 6504

CERTIFICATE OF DEATH

Local File Number <u>135</u>		State File Number	
DECEASED—NAME First Middle Last <u>IVAN DALE DEPUE.</u>		DATE OF DEATH (month, day, year) <u>April 12, 1984</u>	
1 RACE White, Black, American Indian, etc. (Specify) <u>White</u>		2 SEX <u>Male</u>	
3 AGE—Last birthday (years) <u>61</u>		4 Under 1 day Under 1 year 5a mos 5b days 5c hours 5d min	
CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>		6 DATE OF BIRTH (month, day, year) <u>July 26, 1922</u>	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <u>Merle West Medical Center</u>		7b IF HOSP OR INST Indicate DOA, OP, Emer, Rm., Inpatient (Specify) <u>Emer. Rm.</u>	
8 STATE OF BIRTH (If not in USA name country) <u>Nebraska</u>		9 CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>		11 SPOUSE (IF MARRIED, WIDOWED) <u>Wanda Depue</u>	
12 SOCIAL SECURITY NUMBER <u>565-20-3599</u>		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Mason Contractor Self-Emp.</u>	
14a RESIDENCE—STATE <u>Oregon</u>		14b KIND OF BUSINESS OR INDUSTRY <u>Contracting: Masonry</u>	
15a COUNTY <u>Klamath</u>		15b STREET AND NUMBER OR R.F.D., ZIP <u>5938 So. 6th St. 97603</u>	
16 FATHER—NAME first middle last <u>Edward Facett Depue</u>		17 MOTHER—first middle last (Maiden Name) <u>Flora - Depue</u>	
18 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) <u>Burial</u>		19a CEMETERY OR CREMATORY—NAME <u>Klamath Memorial Park</u>	
19b FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <u>Made [Signature]</u>		19c NAME AND ADDRESS OF FACILITY <u>W. Fair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or</u>	
20a To be Completed by CERTIFYING PHYSICIAN Only 10 The best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a [Signature] NAME AND ADDRESS OF CERTIFIER [Type or Print] <u>Dave Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601</u> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]		21b DATE SIGNED (Mo., Day, Yr.) <u>4/13/84</u>	
21c HOUR OF DEATH <u>3:33 A.</u>		21d	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>APR 13 1984</u>		22b REGISTRAR [Signature] <u>Technique E. Cravinko</u>	
23 IMMEDIATE CAUSE PART I (a) <u>Massive GI Bleeding 12° Peptic ulcer disease</u> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death <u>Immediate</u>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <u>Essent Hypertension</u>		AUTOPSY [Specify Yes or No] <u>No</u>	
24 ACCIDENT [Specify Yes or No]		25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] <u>Yes</u>	
26a INJURY AT WORK [Specify Yes or No]		26b DATE OF INJURY (Mo., Day, Yr.)	
26c HOUR OF INJURY		26d DESCRIBE HOW INJURY OCCURRED	
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]		26f LOCATION	
26g STREET OR R.F.D. NO.		26h CITY OR TOWN	
26i 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 Technique E. Cravinko, Deputy Registrar
Date APR 13 1984
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 April A.D., 19 84 at 1:22 o'clock P M, and duly recorded in Vol M84 of Deeds on page 6504.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: \$ 4.00

Return: Wanda Depue 5938 So. 6th St., Klamath Falls, Oregon 97603