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

Vol. M84 Page - 6722

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Local File Number 146 State File Number

CERTIFICATE OF DEATH

1 DECEASED NAME First HOWARD Middle IVAN Last LEHRMAN

2 DATE OF DEATH (month, day, year) 2 April 19, 1984

3 RACE White, Black, American Indian, etc. (specify) White 4 SEX Male 5a AGE—Last birthday (years) 80 5b Under 1 year mos days 5c Under 1 day hours min

6 DATE OF BIRTH (month, day, year) 6 October 10, 1903

7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls 7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center 7c IF HOSP OR INST. Indicate DOA, OP, Emer, Rm, Inpatient (Specify) Inpatient 7d COUNTY OF DEATH Klamath

8 STATE OF BIRTH (If not in U.S., name country) Oregon 9 CITIZEN OF WHAT COUNTRY U.S.A. 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed 11 SPOUSE (IF MARRIED, WIDOWED) Helen G. Wilson 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

13 SOCIAL SECURITY NUMBER 541-09-9975 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Moulder 14b KIND OF BUSINESS OR INDUSTRY Foundary 15a RESIDENCE—STATE Oregon 15b COUNTY Klamath 15c CITY, TOWN, OR LOCATION Klamath Falls 15d STREET AND NUMBER OR R.F.D., ZIP 933 Owens Street 97601 15e Inside City Limits (Specify Yes or No) Yes

16 FATHER—NAME first middle last Peter Lehrman 17 MOTHER—first middle last Frankie Dillon 18 INFORMANT—NAME and relationship to deceased Richard "Skip" Lehrman, son 19a BURIAL CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens 19b LOCATION city or town state Klamath Falls, Oregon

20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Metastatic Cancer Prostate 20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194 20c DATE SIGNED (Mo., Day, Yr.) 4/20/84 20d HOUR OF DEATH 5:30 A.M.

21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Byron T. Sagunsky, MD, 2300 Clairmont, Klamath Falls, Oregon 97601 21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 23 1984 22b REGISTRAR [Signature]

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

(a) Metastatic Cancer Prostate Interval between onset and death 7 yrs.

(b) Due to, or as a consequence of: Interval between onset and death

(c) Other significant conditions—Conditions contributing to death but not related to cause given in PART I (a) Interval between onset and death

24 ACCIDENT (Specify Yes or No) No 25 DATE OF INJURY (Mo., Day, Yr.) No 26 HOUR OF INJURY No 27 DESCRIBE HOW INJURY OCCURRED No 28 AUTOPSY (Specify Yes or No) No 29 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

26a INJURY AT WORK (Specify Yes or No) No 26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No 26c LOCATION No 26d STREET OR R.F.D. NO. No 26e CITY OR TOWN No 26f STATE No

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.

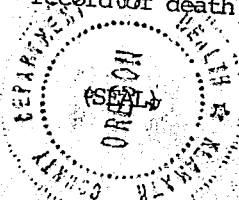
MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy Registrar

Date APR 23 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 23rd day of April A.D., 19 84 at 4:25 o'clock P M, and duly recorded in Vol M84 of Deeds on page 6722.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: [Signature], Deputy

Return: Richard Lehrman 2640 Vermont

Klamath Falls, Oregon 97603