

36417

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records UnitVol. 184 Page 7672

81-020817

1763

Local File Number

CERTIFICATE OF DEATH  
ORS - 146

State File Number

DECEASED - NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
Ed		L.	Howell		December 7, 1981	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	
White		Male	30	MO. DAYS HOURS MIN.	September 24, 1951	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)		COUNTY OF DEATH		
7 miles N. Mill City		Sweet Springs Mountain		Marion		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SPOUSE (IF MARRIED, WIDOWED)
Oregon		U.S.A.		Married		Sherry Howell
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
543-62-3266		Attorney		Law		
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		
Oregon		Klamath	Klamath Falls	1855 Birch St.		
FATHER NAME FIRST MIDDLE LAST		MOTHER MAIDEN NAME FIRST MIDDLE LAST		INFORMANT - NAME AND RELATIONSHIP TO DECEASED		
Dean Howell		Edna Winters		Sherry Howell, Wife		
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN STATE		
Burial		Eternal Hills Memorial Gardens		Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE		NAME AND ADDRESS OF FACILITY				
[Signature]		O'Hair's Funeral Chapel, Inc., 515 Pine, Klamath Falls, Ore.				
CERTIFICATION - MEDICAL EXAMINER						
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:						
DEATH OCCURRED (HOUR)		THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR)		FROM: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/>		
21A		M. 21B December 7, 1981 10:30 A.M.		HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		
CERTIFIER SIGNATURE		NAME - (TYPE OR PRINT)		DEGREE OF TITLE		
[Signature]		Peter J. Batten, M.D.				
MEDICAL EXAMINER FOR: MARION		DATE SIGNED (MONTH, DAY, YEAR)		21G		
21F		December 18, 1981				
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR (SIGNATURE)				
22A December 18, 1981		[Signature]				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))						
(A) Traumatic Head & Body Injuries		INTERVAL BETWEEN ONSET AND DEATH				
(B) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH				
(C) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH				
PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR APPROXIMATE		INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)		
23A Dec. 6, 1981		23B 6:00 PM		23C Pilot & sole occupant of airplane crashed to ground.		
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		
24A Yes		24B Mountain		24C Sweet Springs Mountain, 7 Miles N. of Mill City, Marion Oregon		
RESERVED FOR REGISTRAR'S USE						

ORIGINAL - VITAL STATISTICS COPY

HS-102 REV. 1-80

STATE OF OREGON, COUNTY OF MULTNOMAH:ss

DATE ISSUED September 21 1982

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

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 8th day of May A.D., 1984 at 1:04 o'clock P M, and duly recorded in Vol 184 of Deeds on page 7672.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: [Signature], Deputy

Return: Fern Webb 5147 Laurelwood Dr. Klamath Falls, Oregon 97603