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

CERTIFICATE OF DEATH

ORS – 146

Local File Number

State File Number

DECEASED—NAME: LEWIS (First) HENRY (Middle) ROBINSON (Last)

1 RACE: White | 2 SEX: Male | 3 AGE—LAST BIRTHDAY (YEARS): 76 | UNDER 1 YEAR: MOS. DAYS | UNDER 1 DAY: HOURS MIN. | 4 DATE OF DEATH (MONTH, DAY, YEAR): May 10, 1984

5A CITY, TOWN, OR LOCATION OF DEATH: Beatty | 5B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.): P.O. Box 156, 2 Mi. N. Beatty | 5C IF HOSP. OR INST. IN. DICATE DOA, OPIEMER, INPATIENT (SPECIFY) | 6 DATE OF BIRTH (MONTH, DAY, YEAR): October 13, 1907

7A STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oklahoma | 7B CITIZEN OF WHAT COUNTRY: U.S.A. | 7C MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed | 7D COUNTY OF DEATH: Klamath

8 SOCIAL SECURITY NUMBER: 572-12-5118 | 9 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Sawmill Laborer | 10 SPOUSE (IF MARRIED, WIDOWED): Eileen Robinson | 11 KIND OF BUSINESS OR INDUSTRY: Lumber | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13A RESIDENCE—STATE: Oregon | 13B COUNTY: Klamath | 13C CITY, TOWN, OR LOCATION: Beatty | 13D STREET AND NUMBER OR R.F.D. ZIP: P.O. Box 156, 2 mi. N. Beatty 97621 | 13E INSIDE CITY LIMITS (SPECIFY YES OR NO): No

14 FATHER—NAME (First Middle Last): George W. Robinson | 15 MOTHER (First Middle Last) (MAIDEN NAME): Hattie H. Egbert

16A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation | 16B CEMETERY OR CREMATORY—NAME: Klamath Cremation Service | 16C INFORMANT—NAME AND RELATIONSHIP TO DECEASED: William B. Robinson, Son

17A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Mike Ohair | 17B NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore | 17C LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon

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:

18A DEATH OCCURRED (HOUR): Approx. 6:00 A.M. | 18B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): May 10, 1984 3:30 P.M. | FROM: NATURAL CAUSES ☒ HOMICIDE ☐ ACCIDENT ☐ UNDETERMINED ☐ SUICIDE ☐ PENDING ☐

18D CERTIFIER (SIGNATURE): Robert E. Jamison | 18C NAME (TYPE OR PRINT): Robert E. Jamison, M.D. | DEGREE OR TITLE

MEDICAL EXAMINER FOR: Klamath COUNTY | 18F DATE SIGNED (MONTH, DAY, YEAR): May 11, 1984

19A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): MAY 11 1984 | 19B REGISTRAR (SIGNATURE): Katherine E Cravenho

20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I
(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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)

21A DATE OF INJURY (MONTH, DAY, YEAR) | 21B HOUR | 21C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) | 22 AUTOPSY (SPECIFY YES OR NO): No

21D INJ. AT WORK (SPECIFY YES OR NO) | 21E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | 21F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-107 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E Cravenho, Deputy Registrar

Date MAY 11 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 16th day of May A.D., 19 84 at 8:37 o'clock A M, and duly recorded in Vol M84 of Deeds on page 8027.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: William L. Robinson Box 156 Beatty, Oregon 97621