CERTIFIED COPY OF DEATH RECORD

44141

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

CERTIFICATE OF DEATH

1412

State File Number

DECEDENT — NAME: ROY ERNEST BURPEE
DATE OF DEATH: September 30, 1984
RACE: White
SEX: Male
AGE: 47
DATE OF BIRTH: June 16, 1937
CITY, TOWN OR LOCATION OF DEATH: Salem
HOSPITAL OR OTHER INSTITUTION — NAME: 2430 Claude St. S.E.
COUNTY OF DEATH: Marion
STATE OF BIRTH: Michigan
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
SPOUSE: Ramona Burpee
WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
SOCIAL SECURITY NUMBER: 382-34-5772
USUAL OCCUPATION: Carpenter
KIND OF BUSINESS OR INDUSTRY: Home Construction
RESIDENCE — STATE: Oregon
COUNTY: Marion
CITY, TOWN OR LOCATION: Silverton
STREET AND NUMBER OR R.F.D. ZIP: 252 Steelhammer Rd. 97381
Inside City Limits: Yes
FATHER: Clarence Burpee
MOTHER: Ruth Ball
INFORMANT: Ramona Burpee - Wife
BURIAL, CREMATION, REMOVAL, MAUS: Burial
CEMETERY OR CREMATORY: Miller Cemetery
LOCATION: Silverton, Oregon
FUNERAL SERVICE LICENSEE: Carl Upger
NAME AND ADDRESS OF FACILITY: Upger Funeral Chapel, 229 Mill St., Silverton, Oregon 97381
NAME AND ADDRESS OF CERTIFIER: Rodney E. Orr
DATE SIGNED: Oct. 1 1984
HOUR OF DEATH: found 4:54 P.M.
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): Rodney E. Orr M.D. 335 Fiarview St., Silverton, Oregon 97381
DATE RECEIVED BY REGISTRAR: OCT 5 1984
REGISTRAR: Deanne Stewart

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Atherosclerotic cardiovascular 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)
AUTOPSY (Specify Yes or No): No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

ACCIDENT (Specify Yes or No) | DATE OF INJURY (Mo. Day Yr.) | HOUR OF INJURY | DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No) | PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) | 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 MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

SEAL
VOID IF ALTERED

REGISTRAR OF VITAL STATISTICS

DATE OCT 5 1984

By Deanne Stewart, Deputy

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 17th day of December A.D., 19 84 at 10:22 o'clock A M, and duly recorded in Vol M84 of Deeds on page 20935.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: _____, Deputy

Ret: Ramona Burpee 252 Steelhammer Rd., Silverton, Oregon 97381