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Vol. M85 Page 5070

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

CERTIFICATE OF DEATH

Local File Number

State File Number

1 DECEASED—NAME: First WILLARD | Middle A | Last FARMER

2 DATE OF DEATH (month, day, year): APRIL 2, 1985

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 64

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): November 24, 1920

7a CITY, TOWN OR LOCATION OF DEATH: PORTLAND

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): VETERANS ADMINISTRATION

7c If HOSP. OR INST. indicate DOA, OP (Emer., Rm., Inpatient [Specify]): INPATIENT

7d COUNTY OF DEATH: MULTNOMAH

8 STATE OF BIRTH (If not in U.S.A. name country): California

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Helen T. Farmer

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): YES

13 SOCIAL SECURITY NUMBER: 550 22 8164

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Heavy Equipment Operator

14b KIND OF BUSINESS OR INDUSTRY: Logging Industry

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Midland

15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 10 97634

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Roy Burns Farmer

17 MOTHER—first middle last (Maiden Name): Agatha Lily Herrick

18 INFORMANT—NAME and relationship to deceased: Helen T. Farmer- wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Mt. Laki Cemetery

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Linda Kettner

20b NAME AND ADDRESS OF FACILITY: Parkrose Funeral Home 11145 N.E. Sandy Blvd. Portland, Oregon 97220

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: [signature]

21b DATE SIGNED [Mo. Day, Yr.]: Apr 12 1985

21c HOUR OF DEATH: 0745 AM

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Ruth Parker MD 3718 SW Veterans Rd 97201

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: Tim A. Wayson, MD PVAH Portland, Oregon

Drs. H. Baxter

22a DATE RECEIVED BY REGISTRAR [Mo. Day, Yr.]:

22b REGISTRAR [Signature]:

PART I

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

(a) Cardiopulmonary Arrest — Interval between onset and death: MINUTES

DUE TO, OR AS A CONSEQUENCE OF:

(b) Intracerebral Hematoma — Interval between onset and death: 5 DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(c) Primary Brain Tumor — Interval between onset and death: MONTHS

PART II

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]: NO

26b DATE OF INJURY [Mo. Day, Yr.]: None

26c HOUR OF INJURY: None M

26d DESCRIBE HOW INJURY OCCURRED: None

26e INJURY AT WORK [Specify Yes or No]: None

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]: None

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: None

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON
COUNTY OF MULTNOMAH

Date APR 4 1985

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

CS-82/615

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 April A.D., 19 85 at 12:11 o'clock P M, and duly recorded in Vol M85 of Deeds on page 5070

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: [signature], Deputy

Return: Helen Farmer P. O. Box 10 Midland, Oregon 97634