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

122 Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First ORVILLE; Middle FOSTER; Last HERMAN

2 DATE OF DEATH (month, day, year): March 28, 1985

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

4 SEX: Male

5a AGE—Last Birthday (years): 71

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 20, 1913

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 2505 Eberlein - At Home

7c If HOSP OR INST, indicate DOA or Emer Rm Inpatient (Specify)

7d COUNTY OF DEATH: Klamath

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (If MARRIED, WIDOWED): Ruth Herman

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

13 SOCIAL SECURITY NUMBER: 521-05-8848

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic - Retired

14b KIND OF BUSINESS OR INDUSTRY: Pacific Power & Light

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Fall

15d STREET AND NUMBER OR R.F.D., ZIP: 2505 Eberlein 97601

15e Inside City Limits (Specify yes or no): Yes

16 FATHER—NAME (first, middle, last): Fred T. Herman

17 MOTHER—NAME (first, middle, last, (Maiden Name)): Chancie Sims Parker

18 INFORMANT (NAME and relationship to deceased): Ruth Herman - Spouse

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

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION (City or Town, State): Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Tim Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Ore.

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): Craig A Bennett MD

21b DATE SIGNED (Mo., Day, Yr.): April 1 1985

21c HOUR OF DEATH: 2:57 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Craig Bennett, MD 1905 Main St. Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 1 1985

22b REGISTRAR (Signature): Adriane E. Crawford

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

PART I (a) Small cell carcinoma of lung — Interval between onset and death: 2½ years

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): Aortic valve Stenosis

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

27a INJURY AT WORK (Specify Yes or No)

27b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

27c 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 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 Adriane E. Crawford Deputy Registrar

Date APR 1 1985

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 9th day of April A.D., 19 85 at 1:41 o'clock P M, and duly recorded in Vol M85 of Deeds on page 5121

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy

Return: Ruth Herman 2505 Eberlein Klamath Falls, Oregon 97601