49100 - '85 MAY 24 AM 9 47

80

Local File Number

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

Vol. M85 Page 7737
85-005038

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First HARVEY Middle EMERY Last BISPHAM

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

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

4 SEX: Male

5a AGE—Last birthday (years): 72

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): November 6, 1912

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 1220 Lynnewood Dr.

7c IF HOSP OR INST: Indicate DOA, OP, Emer., Rm., Inpatient (Specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA, name country): California

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

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

11 SPOUSE (IF MARRIED, WIDOWED): R.Dae

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

13 SOCIAL SECURITY NUMBER: 700 / 14 / 0352

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Manager - Retired 007702

14b KIND OF BUSINESS OR INDUSTRY: Southern Pac.Credit Union

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1220 Lynnewood Dr. 97601

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

16 FATHER—NAME first middle last: Harvey E. Bispham,Sr.

17 MOTHER—first middle last (Maiden Name): Johanna Matuskiwiz

18 INFORMANT—NAME and relationship to deceased: R. Dae Bispham - Spouse

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): James K. Reed

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Ore. 97601

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): F. V. Rudd

21b DATE SIGNED (Mo. Day Yr.): 3/4/85

21c HOUR OF DEATH: 6:11 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Francis V. Rudd, MD 2624 Campus Dr. Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): MAR 4 1985

22b REGISTRAR (Signature): Katherine E. Cravens

23 IMMEDIATE CAUSE

PART I (a) ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Metastatic Carcinoma Prostate — Interval between onset and death: unk

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)

26a ACCIDENT (Specify Yes or No): No

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

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE

24 AUTOPSY (Specify Yes or No): No

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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

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.

DATE ISSUED MAY 13 1985.

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 24th day of May A.D., 19 85 at 9:47 o'clock A M, and duly recorded in Vol M85 of Deeds on page 7737.

CK 5.00

Fee: $5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Ret: Neal G. Buchanan, Atty.
601 Main St., Suite #210
Klamath Falls, Oregon 97601