

Vital Records Unit

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449 Local File Number		State File Number	
DECEASED—NAME First Middle Last <b>WEB VAN METER</b>		DATE OF DEATH (month, day, year) <b>December 9, 1982</b>	
1 RACE White, Black, American Indian, etc. (specify) <b>White</b>	2 SEX <b>Male</b>	3 AGE—Last birthday (years) <b>80</b>	4 Under 1 year mos. days <b>5b</b>
5 CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>3940 Shasta Way</b>	7 IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) <b>7c</b>	8 DATE OF BIRTH (month, day, year) <b>October 8, 1902</b>
9 STATE OF BIRTH (If not in U.S.A., name country) <b>Oregon</b>	10 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	12 COUNTY OF DEATH <b>Klamath</b>
13 SOCIAL SECURITY NUMBER <b>543-09-4260</b>	14 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Well Driller</b>	15 KIND OF BUSINESS OR INDUSTRY <b>Well Drilling</b>	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>Yes</b>
17 RESIDENCE—STATE <b>Oregon</b>	18 COUNTY <b>Klamath</b>	19 CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	20 STREET AND NUMBER OR R.F.D., ZIP <b>3940 Shasta Way 97601</b>
21 FATHER—NAME first middle last <b>John H. Van Meter</b>	22 MOTHER—Maiden Name first middle last <b>Mae</b>	23 INFORMANT—NAME and relationship to deceased <b>Verbil Z. Van Meter, wife</b>	
24 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>		25 CEMETERY OR CREMATORY—NAME <b>Eternal Hills Memorial Gardens</b>	
26 FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) <b>William J. Davenport</b>		27 NAME AND ADDRESS OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601</b>	
28 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <b>Alden B. Glidden, M.D., 2680-B Uhrmann Road, Klamath Falls, OR 97601</b>		29 DATE SIGNED (Mo., Day, Yr.) <b>12-13-82</b>	30 HOUR OF DEATH <b>8:30 P M</b>
31 NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Alden B. Glidden, M.D., 2680-B Uhrmann Road, Klamath Falls, OR 97601</b>		32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
33 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>DEC 13 1982</b>		34 REGISTRAR (Signature) <b>Marian Ackerman</b>	
35 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>Cardiac Arrest</b>		36 Interval between onset and death <b>Sudden</b>	
37 (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Atherosclerotic Coronary Artery Disease</b>		38 Interval between onset and death <b>Chronic</b>	
39 (b) DUE TO, OR AS A CONSEQUENCE OF:		40 Interval between onset and death	
41 (c) DUE TO, OR AS A CONSEQUENCE OF:		42 Interval between onset and death	
43 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>Parkinson's Disease</b>		44 AUTOPSY (Specify Yes or No) <b>No</b>	45 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>No</b>
46 ACCIDENT (Specify Yes or No) <b>No</b>	47 DATE OF INJURY (Mo., Day, Yr.) <b>No</b>	48 HOUR OF INJURY <b>No</b>	49 DESCRIBE HOW INJURY OCCURRED
50 INJURY AT WORK (Specify Yes or No) <b>No</b>	51 PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) <b>No</b>	52 LOCATION <b>No</b>	53 CITY OR TOWN <b>No</b>
54 STATE <b>No</b>	55 RESERVED FOR REGISTRAR'S USE	56 RESERVED FOR REGISTRAR'S USE	

HS-2 (Rev. 1/80)

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar  
Date DEC 13 1982

VOID IF ALTERED

Return: KCTC

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 13th day of June A.D., 19 82 at 4:05 o'clock P M, and duly recorded in Vol. 185, of Deeds on page 8914.

EVELYN BIEHN, COUNTY CLERK

by: Sam Smith, Deputy

Fee: \$ 5.00