52648 '85 AUG 29 AM 11 09

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

Vol M85 Page 13823

CERTIFICATE OF DEATH

332 Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 NAME: First HOOD Middle (NMI.) Last HENDERSON

2 DATE OF DEATH (month, day, year): August 18, 1985

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

4 SEX: Male

5a AGE—Last birthday (years): 80

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): July 15, 1905

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 4337 Arthur Street

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]:

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Iona M. Henderson

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

13 SOCIAL SECURITY NUMBER: 540-10-3047

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

14b KIND OF BUSINESS OR INDUSTRY: Heavy Construction

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4337 Arthur Street 97603

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

16 FATHER—NAME first middle last: Elijah - Henderson

17 MOTHER—first middle last (Maiden Name): Fidelia - McFay

18 INFORMANT—NAME and relationship to deceased: Iona M. Henderson, wife

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

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

19c LOCATION city or town, state: Klamath Falls, Oregon 97603

20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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]:

21b DATE SIGNED [Mo., Day, Yr.]: August 19, 1985

21c HOUR OF DEATH: 3:30 A.M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: AUG 19 1985

22b REGISTRAR [Signature]: Marian E. Ackerman

CAUSE OF DEATH

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

PART I (a) Lung Cancer — Interval between onset and death: 6 mo

DUE TO, OR AS A CONSEQUENCE OF:

(b) Metastasis from squamous cell carcinoma — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) of the Penis — Interval between onset and death:

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.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]: 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

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 Marian E. Ackerman *Deputy Registrar*

Date Aug 19 1985

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 29th day of August A.D., 19 85 at 11:09 o'clock A M., and duly recorded in Vol. M85 of Deeds on Page 13823.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Iona Henderson 4337 Arthur St., Klamath Falls, Ore. 97603