55808 '85 NOV 25 PM 3 16

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

CERTIFICATE OF DEATH

560
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEASED- NAME: 1 First: Ralph Middle: Emerson Last: CHAMBERLIN

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

4 SEX: Male

5a AGE (Last Birthday) (years): 70

5b Under 1 year: mos / days

5c Under 1 day: hours / min

2 DATE OF DEATH (month day year): November 4, 1985

6 DATE OF BIRTH (month day year): November 23, 1914

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either give street and number): Merle West Medical Center

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Elizabeth C.

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

13 SOCIAL SECURITY NUMBER: 372-03-6457

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

14b KIND OF BUSINESS OR INDUSTRY: U.S. Navy

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 129 Henry Street 97601

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

16 FATHER NAME first middle last: Clarence-Chamberlin

17 MOTHER- first middle last (Maiden Name): Susie - Lewis

18 INFORMANT -NAME and relationship to deceased: Elizabeth C. Chamberlin-wife

DISPOSITION

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

19b CEMETERY OR CREMATORY NAME: Veterans Administration National Cemetery

19c LOCATION City or Town: White City, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Mike O'Hair

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97

CERTIFIER

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): Blake Berven M.D.

21b DATE SIGNED (Mo Day Yr): 11-5-85

21c HOUR OF DEATH: 9:05 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Dr. Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo Day Yr): NOV 5 1985

22b REGISTRAR (Signature): Katherine E. Cousens

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I
(a) Cardiogenic shock — Interval between onset and death: 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Extensive myocardial infarction — Interval between onset and death: 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(c) ASHD — Interval between onset and death: 10 years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Severe Asthmatic bronchitis

24 AUTOPSY (Specify Yes or No): No

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

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo Day Yr)

26c HOUR OF INJURY M

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

RESERVED FOR REGISTRAR'S USE

CERTIFIED TRUE COPY OF THE ORIGINAL

JACDALE S. HADFIELD
Ft. Lewis District
6th Region, USACIDC
Ft. Lewis, WA 98433

ARTICLE 136 (b) (4) UCMJ
12 NOV 1985

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 26th day of November A.D., 19 85 at 3:16 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 19452.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Ret: Elizabeth Chamberlin 129 Henry St., Klamath Falls, Oregon 97601