

Local File Number: _____ State File Number: _____

CERTIFICATE OF DEATH

DECEASED—NAME: **PAUL HERBERT CHITWOOD**

RACE: **White** SEX: **Male** AGE—Last birthday (years, months, days): **70** Under 1 year: **0** Under 1 day: **0**

CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls** HOSPITAL OR OTHER INSTITUTION—NAME (If not in latter, give street and number): **Merle West Medical Center** IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify): **DOA**

DATE OF DEATH (month, day, year): **January 30, 1986** DATE OF BIRTH (month, day, year): **July 15, 1915**

STATE OF BIRTH (if not in U.S.A. give country): **California** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): **Married** SPOUSE (IF MARRIED, WIDOWED): **Ruth**

SOCIAL SECURITY NUMBER: **551 - 07 - 7830** USUAL OCCUPATION (give kind of work done during most of working life, even if retired): **Professor - Retired** KIND OF BUSINESS OR INDUSTRY: **Oregon Institute of Technology**

RESIDENCE—STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN OR LOCATION: **Klamath Falls** STREET AND NUMBER OR R.F.D., ZIP: **6738 Eberlein Street 97603**

FATHER—NAME first middle last: **Charles J. Chitwood** MOTHER—first middle last (Maiden Name): **Mattie Belle Freeman** INFORMANT—NAME and relationship to deceased: **Ruth Chitwood / Wife**

BURIAL, CREMATION, REMOVAL, MAUS. (specify): **Cremation** CEMETERY OR CREMATORY—NAME: **Eternal Hills Memorial Gardens** LOCATION city or town state: **Klamath Falls, Or.**

FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): **James E. Ward** NAME AND ADDRESS OF FACILITY: **WARD'S - 1945 Main Klamath Falls, Or. - 97601**

To be Completed by CERTIFYING PHYSICIAN ONLY

10 The best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: **Coronary Heart Disease**

21a (Signature): **David C. Seeley** DATE SIGNED (Mo., Day, Yr.): **2/3/86** HOUR OF DEATH: **9:47 A.M.**

NAME AND ADDRESS OF CERTIFIER (Type or Print): **David C. Seeley, MD 905 Main, Suite 611 / Klamath Falls, Oregon**

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **FEB 4 1986** REGISTRAR (Signature): **Marion E. Ackerman**

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

PART I (a) **Coronary Heart Disease** Interval between onset and death: **IMMCO**

(b) **Coronary Heart Disease** Interval between onset and death: **7 yrs.**

(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)

ACCIDENT (Specify Yes or No): **No** DATE OF INJURY (Mo., Day, Yr.): _____ HOUR OF INJURY: _____ DESCRIBE HOW INJURY OCCURRED: _____

INJURY AT WORK (Specify Yes or No): **No** PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): _____ 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By James E. Ward, Deputy Registrar

Date February 5, 1986

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 Ruth Chitwood
of Feb A.D., 19 86 at 4:04 o'clock P M., and duly recorded in Vol. 1186 day
of Deeds on Page 2441

FEE

County Clerk
James E. Ward

86 FEB 7 PM 4 04