

58429

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

Vol. M86 Page 2990  
85-000253

## CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
1 <b>ELDON</b>	2 <b>BERDELL</b>	3 <b>CRAGO</b>	4 <b>2 January 2, 1985</b>
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)
5 <b>White</b>	6 <b>Male</b>	7 <b>76</b>	8 <b>6 June 6, 1908</b>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	
9 <b>Klamath Falls</b>		10 <b>Mtn. View Care Center</b>	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY	
11 <b>Indiana</b>		12 <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER		MARITAL STATUS (Specify)	
13 <b>313-03-7595</b>		14 <b>Married</b>	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15 <b>Oregon</b>		16 <b>Klamath Falls</b>	
FATHER—NAME		MOTHER—NAME	
17 <b>Thomas - Crago</b>		18 <b>Anna - Robertson</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME	
19 <b>Cremation</b>		20 <b>Eternal Hills Crematory</b>	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY	
21 <b>William L. Davenport</b>		22 <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194</b>	
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR	
23 <b>JAN 2 1985</b>		24 <b>Marie Sherman</b>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) <b>Pneumonia</b>		Interval between onset and death	
(b) <b>Aspiration</b>		Interval between onset and death	
(c) <b>Alzheimer's Disease</b>		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
25 <b>No</b>		26 <b>No</b>	
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		27 <b>No</b>	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	
28 <b>No</b>		29 <b>No</b>	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
30 <b>No</b>		31 <b>No</b>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
32 <b>No</b>		33 <b>No</b>	
LOCATION		STREET OR R.F.D. NO	
34 <b>No</b>		35 <b>No</b>	
CITY OR TOWN		STATE	
36 <b>No</b>		37 <b>No</b>	
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.

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Return to P.O. Box 1811 City 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ 19th day  
of February A.D., 19 86 at 4:04 o'clock P. M., and duly recorded in Vol. M86  
of Deeds on Page 2990

FEE \$5.00

Evelyn Biehn

County Clerk

By Bernetha L. Heflich