58476 '86 FEB 21 PM 2 14

Vol. M86 Page 3060

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

65
Local File Number

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

1 DECEASED—NAME (First, Middle, Last): John Henry CHAPMAN

2 DATE OF DEATH (month, day, year): February 17, 1986

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

4 SEX: Male

5a AGE—Last Birthday (years): 85

5b Under 1 year (mos. / days)

5c Under 1 day (hours / min.)

6 DATE OF BIRTH (month, day, year): January 15, 1901

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): Oregon

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

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

SPOUSE (IF MARRIED, WIDOWED): Laura Belle Chapman

11 SOCIAL SECURITY NUMBER: 543-10-1702

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

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Feller

14b KIND OF BUSINESS OR INDUSTRY: Lumber

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: Ashland Star Rt. 97603

15e Inside City Limits (Specify Yes or No): No

16 FATHER—NAME (first, middle, last): Henry Filmore Chapman

17 MOTHER—NAME (first, middle, last, Maiden Name): Martha Jane Stallsworth

18 INFORMANT—NAME and relationship to deceased: Laura Belle Chapman, Wife

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Klamath Cremation Service

19c LOCATION (City or Town, State): Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): [signature]

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

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]: [signature] M.D.

21b DATE SIGNED (Mo., Day, Yr.): Feb. 18, 1986

21c HOUR OF DEATH: 11:50 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 18 1986

22b REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE

PART I (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) ACUTE MYOCARDIAL INFARCTION — DUE TO OR AS A CONSEQUENCE OF: — Interval between onset and death: 1 week

(b) — DUE TO OR AS A CONSEQUENCE OF: — Interval between onset and death:

(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)

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
			No	No

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26d DESCRIBE HOW INJURY OCCURRED	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 [signature] *Deputy Registrar*

Date February 19, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES. RETURN TO: LAURA BELLE CHAPMAN ASHLAND STAR RTE KLAMATH FALLS OR 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of February A.D., 19 86 at 2:14 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 3060.

the 21st day

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]