60201

K-38538

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

Vol. M86 Page 6287

323 (Local File Number)

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME: 1. HOWARD (First) NEWTON (Middle) LIGHTNER (Last)

State File Number:

2. DATE OF DEATH (month, day, year): December 14, 1985

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

4. SEX: Male

5a. AGE—Last Birthday (years): 79

5b. If Under 1 year: Months / Days

5c. If Under 1 day: Hours / Minutes

6. DATE OF BIRTH (month, day, year): May 26, 1906

7a. CITY, TOWN OR LOCATION OF DEATH: Chiloquin

7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 805 Highway # 422 N.

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): California

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

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

11. SPOUSE (IF MARRIED, WIDOWED): Darlene

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

13. SOCIAL SECURITY NUMBER: 553 - 12 - 5426

14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed - Retired

14b. KIND OF BUSINESS OR INDUSTRY: Building Contractor

15a. RESIDENCE—STATE: Oregon

15b. COUNTY: Klamath

15c. CITY, TOWN, OR LOCATION: Chiloquin

15d. STREET AND NUMBER OR R.F.D., ZIP: PO Box 655 97624

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

16. FATHER—NAME (First, middle, last): Jasper Newton Lightner

17. MOTHER—NAME (First, middle, last, Maiden Name): Nora Belle Ward

18. INFORMANT—NAME and relationship to deceased: Darlene Lightner - Wife

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

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

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

20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): James L. Ladd

20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

21a. 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. (Signature): Bruce C Douglas M.D.

21b. DATE SIGNED (Mo., Day, Yr.): 12/16/85

21c. HOUR OF DEATH: 8:45 P M

21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Bruce C. Douglas, MD / PO Box 466 / Chiloquin, Oregon / 97624

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

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 17 1985

22b. REGISTRAR (Signature): Katherine E. Cranko

USE OF DEATH

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

(a) Cardio - Pulmonary Arrest — Interval between onset and death: hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Metastatic Colon Carcinoma — Interval between onset and death: Months

DUE TO, OR AS A CONSEQUENCE OF

(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).

23a. ACCIDENT (Specify Yes or No)	23b. DATE OF INJURY (Mo., Day, Yr.)	23c. HOUR OF INJURY	24. AUTOPSY (Specify Yes or No)	25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No			No	Yes

26a. INJURY AT WORK (Specify Yes or No)	26b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26c. DESCRIBE HOW INJURY OCCURRED	26d. LOCATION: STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

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 Katherine E. Cranko Deputy Registrar

Date April 14 1986

VOID IF ALTERED

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

Ret: Mrs. Darlene Lightner
P.O. Box 655
Chiloquin, OR 97624

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of April A.D., 19 86 at 2:02 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 6287

the 14th day

FEE $5.00

Evelyn Biehn, County Clerk

By _____