60223 '86 APR 14 PM 3 13

I.D. NUMBER A7035

99 Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION Vol M86 Page 6324
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DECEASED—NAME (1) First: Kyle Middle: A. Last: BERRYMAN

2 DATE OF DEATH (month, day, year): March 9, 1986

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

4 SEX: Male

5a AGE—Last Birthday (years): 78

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): May 8, 1907

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 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): Canada

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Irene Dolinsky

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

13 SOCIAL SECURITY NUMBER: 541-09-8632

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

14b KIND OF BUSINESS OR INDUSTRY: Southern Pacific Transporation

14c RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4406 Winter Avenue 97603

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Ellis Berryman

17 MOTHER—first middle last (Maiden Name): Luella Jane Lane

18 INFORMANT—NAME and relationship to deceased: Irene Berryman, wife

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION (City or Town, State): Klamath Falls, Oregon 97

20a FUNERAL SERVICE LICENSEE (Signature and Title of Person Acting As Such): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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): Jon S. Wayland MD

21b DATE SIGNED (Mo., Day, Yr.): March 9, 1986

21c HOUR OF DEATH: 1:20 A M

NAME AND ADDRESS OF CERTIFIER (Type or Print): Jon S. Wayland, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 11 1986

22b REGISTRAR (Signature): Katherine E Cravens

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) cardiac arrest — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(b) Pneumonia & collapsed (R) lower lobe lung — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF

(c) Metastatic carcinoma prostate — Interval between onset and death:

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

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

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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-85

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 Cravens *Deputy Registrar*

Date March 18, 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 _____ of April A.D., 19 86 at 3:13 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 6324 the 14th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Irene Berryman 4406 Winter Ave., Klamath Falls, Oregon 97603