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

CERTIFICATE OF DEATH

State File Number 07487

Local File Number 164

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

DECEDENT

1 DECEASED — NAME: First: William Middle: Charles Last: BROWN
2 DATE OF DEATH (month, day, year): May 2, 1986
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 83
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): December 25, 1902
7a CITY, TOWN OR LOCATION OF DEATH: Keno
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 15007 Stage Coach Road
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Residence
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Edoise E. Brown
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 566-03-7551
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recreation Guard
14b KIND OF BUSINESS OR INDUSTRY: Dept. Agriculture U.S. Forest Service
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Keno
15d STREET AND NUMBER OR R.F.D.: 15007 Stage Coach Road ZIP: 97627
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Charles - Brown
17 MOTHER — first middle last (Maiden Name): Kate - Brown
18 INFORMANT — NAME and relationship to deceased: Edoise E. Brown, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park
19c LOCATION city or town state: Klamath Falls, Ore. 97601
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Mike Glenn
20 NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

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): Charles D. Bury M.D.
21b DATE SIGNED (Mo., Day, Year): May 2, 1986
21c HOUR OF DEATH: 1:30 A. M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Charles D. Bury, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ZIP:

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAY 5 1986
22b REGISTRAR (Signature): Evelyn E Counts

CAUSE OF DEATH

PART I — (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
23 IMMEDIATE CAUSE (a): Cardiac Arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF (b): CHF — Interval between onset and death:
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):

24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes
26a ACCIDENT (Specify Yes or No):
26b DATE OF INJURY (Mo., Day, Year):
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY occurred:
26e INJURY AT WORK (Specify Yes or No):
26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):
26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒
WAS GIFT MADE? YES ☐ NO ☒ N/A ☐
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] DEPARTMENT OF HUMAN SERVICES STATE OF OREGON

MARIAN ACKERMAN, Registrar Vital Statistics
By Evelyn E Counts *Deputy Registrar*
Date May 6, 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 May A.D., 19 86 at 11:58 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 8124. the 12th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Edoise E. Brown--P. O. Box 416--Keno, OR 97627