86 MAY 20 AM 9 1

61527

AFTER RECORDING, RETURN TO:
Crane & Bailey, Attorneys
540 Main Street, Suite 204
Klamath Falls OR 97601

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

CERTIFICATE OF DEATH

Vol. M86 Page 8579
State File Number

366
Local 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

1 DECEASED—NAME: First JAMES; Middle R.; Last HOWARD

2 DATE OF DEATH (month, day, year): September 7, 1985

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

4 SEX: Male

5a AGE—Last Birthday (years): 57

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): May 12, 1928

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Dolores Howard

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

13 SOCIAL SECURITY NUMBER: 540-30-8719

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

14b KIND OF BUSINESS OR INDUSTRY: Retail Furniture Sales

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1864 Lowell St. 97601

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

16 FATHER—NAME first middle last: James R. Howard

17 MOTHER—first middle last (Maiden Name): Bonnie B. Lucas

18 INFORMANT—NAME and relationship to deceased: Dolores Howard, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery

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: Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

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]: George Zupan M.D.

21b DATE SIGNED [Mo., Day, Yr.]: Sept 9, 1985

21c HOUR OF DEATH: 5:40 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: George Zupan, M.D., 1905 Main St., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 9 1985

22b REGISTRAR [Signature]: [signature]

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) MALIGNANT PINEAL AREA TUMOR, ASTROCYTOMA — Interval between onset and death: 12 months

DUE TO, OR AS A CONSEQUENCE OF:

(b) — 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): No

26a ACCIDENT (Specify Yes or No): NO

26b DATE OF INJURY (Mo., Day, Yr.):

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:

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 November 18, 1985

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 _____ the 20th day of May A.D., 19 86 at 9:16 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 8579.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]