

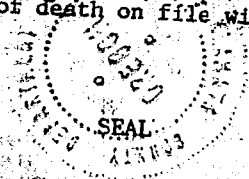
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit  
CERTIFICATE OF DEATH

DECEASED - NAME: Farris, E. ROSTER  
State File Number: May 17, 1986  
DATE OF DEATH (month, day, year)  
2 May 17, 1986  
DATE OF BIRTH (month, day, year)  
6 September 6, 1901  
RACE: White  
SEX: Male  
AGE - Last birthday (years): 84  
Under 1 year: mos. days Under 1 day: hours min.  
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls  
HOSPITAL OR OTHER INSTITUTION - NAME: West Medical Center  
7a Klamath Falls  
7b West Medical Center  
STATE OF BIRTH (if not in U.S.A., name country): Arkansas  
CITIZEN OF WHAT COUNTRY: U.S.A.  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married  
SPOUSE (IF MARRIED, WIDOWED): Bessie McGowen  
7d Klamath  
WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No  
SOCIAL SECURITY NUMBER: 543-10-1237  
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plannerman  
10 Married  
11 Bessie McGowen  
KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Company  
14b Weyerhaeuser Company  
RESIDENCE - STATE: Oregon  
CITY, TOWN OR LOCATION: Klamath Falls  
STREET AND NUMBER OR R.F.D.: 2926 Altamont Drive  
15a Oregon  
15b Klamath  
15c Klamath Falls  
15d 2926 Altamont Drive  
ZIP: 97603  
FATHER - NAME: Robert Jordan Foster  
MOTHER - first middle last (Maiden Name): Susie - Hamm  
16 Robert Jordan Foster  
17 Susie - Hamm  
INFORMANT - NAME and relationship to deceased: Bessie M. Foster, wife  
18 Bessie M. Foster, wife  
BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial  
CEMETERY OR CREMATORY - NAME: Eternal Hills Memorial Gardens  
19a Burial  
19b Eternal Hills Memorial Gardens  
LOCATION: city or town state: Klamath Falls, Oregon 97603  
20a William J. Davenport  
20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194  
FUNDING SERVICE LICENSE or person acting as such: William J. Davenport  
NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194  
21a (Signature) - Alden B. Glidden MD  
DATE SIGNED (Mo., Day, Year): May 19, 1986  
HOUR OF DEATH: 10:35 P.M.  
21b May 19, 1986  
21c 10:35 P.M.  
21d Alden B. Glidden, MD, 2680 Uhrmann Road, Klamath Falls, Oregon  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Alden B. Glidden, MD, 2680 Uhrmann Road, Klamath Falls, Oregon  
21e May 19, 1986  
22a May 19, 1986  
22b (Signature) - MARIAN ACKERMAN  
23 IMMEDIATE CAUSE: Acute pulmonary edema  
DUE TO, OR AS A CONSEQUENCE OF: Chronic congestive heart failure  
DUE TO, OR AS A CONSEQUENCE OF: Subacute Bacterial Endocarditis  
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Carcinoma of the prostate  
ACCIDENT (Specify Yes or No): No  
DATE OF INJURY (Mo., Day, Year):  
HOUR OF INJURY:  
DESCRIBE HOW INJURY OCCURRED:  
26a No  
26b No  
26c No  
26d No  
26e No  
26f No  
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

ORIGINAL-VITAL STATISTICS COPY

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.



MARIAN ACKERMAN, Registrar Vital Statistics  
By: MARIAN ACKERMAN Deputy Registrar  
Date: May 19, 1986  
VOID IF ALTERED

WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.  
Filed for record at request of May A.D., 19 86 at 12:03 o'clock P.M., and duly recorded in Vol. M86 the 20th day of May 1986 on Page 8642

FEE \$5.00

Evelyn Biehn, County Clerk  
By: Evelyn Biehn