

ILLINOIS STATE HEALTH COMMISSION  
 DEPARTMENT OF HUMAN SERVICES  
 1100 Madison Street  
**CERTIFICATE OF DEATH**  
 Medical Section

|   |  |  |  |   |  |   |  |  |  |
|---|--|--|--|---|--|---|--|--|--|
| DECEASED — NAME   |  | LAST   |  | FIRST   |  | MIDDLE  |  | STATE FILE NUMBER                          |  |
| AGE WHEN DECEASED   |  | AGE  |  | Under 1 year  |  | Under 1 day   |  | DATE OF DEATH (month, day, year)           |  |
| 11  |  | 67   |  | mo  |  | days  |  | August 13, 1986                            |  |
| CITY, TOWN OR LOCATION OF DEATH   |  | CITY, TOWN OR LOCATION   |  | STREET AND NUMBER OR R.F.D.   |  | ZIP   |  | DATE OF BIRTH (month, day, year)           |  |
| Klamath Falls   |  | Klamath Falls  |  | 4661 Boardman Avenue  |  | 97603   |  | March 20, 1919                             |  |
| STATE OF BIRTH (if not in U.S.)   |  | CITIZEN OF WHAT COUNTRY  |  | MARRIED, NEVER MARRIED, WIDOWED, SEPARATED (specify)                              |  | SPOUSE (IF MARRIED, WIDOWED)  |  | COUNTY OF DEATH                            |  |
| New Mexico  |  | U.S.A.   |  | Married   |  | Howard R. Thurman   |  | Klamath                                    |  |
| SOCIAL SECURITY NUMBER  |  | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  | KIND OF BUSINESS OR INDUSTRY  |  | WAS DECEDENT EVER IN ARMED FORCES? (specify year)                                     |  | 12 No                                      |  |
| 543-12-2197   |  | Checker  |  | Grocery Stores  |  |   |  |  |  |
| RESIDENCE — STATE   |  | CITY, TOWN OR LOCATION   |  | STREET AND NUMBER OR R.F.D.   |  | ZIP   |  | INSIDE CITY LIMITS (specify year or month) |  |
| Oregon  |  | Klamath  |  | Klamath Falls   |  | 97603   |  | No   |  |
| FATHER — NAME   |  | MOTHER — first middle last   |  | MOTHER — first middle last (Maiden Name)  |  | INFORMANT — NAME and relationship to deceased   |  | 15e No                                     |  |
| Grover H. Baker   |  | Ella Lee Kelly   |  | Howard R. Thurman, husband  |  |   |  |  |  |
| BURIAL, CREMATION, RESURRECTION, MAUSOLEUM (specify)  |  | CEMETERY OR CREMATORY — NAME   |  | LOCATION — city or town state   |  | 19c Klamath Falls, Oregon   |  |  |  |
| Klamath Falls   |  | Eternal Hills Crematory  |  | Davenport's Chapel of the Good Shepherd, Street, Klamath Falls, Oregon 97603-7192 |  |   |  |  |  |
| FURNERAL SERVICE LICENSEE OF STATE (Signature)  |  | NAME AND ADDRESS OF CERTIFIER (Type or Print)  |  | DATE SIGNED (Mo., Day, Year)  |  | HOUR OF DEATH   |  |  |  |
| William F. Freeland   |  | Arthur G. Freeland, MD, 1905 Main Street, Klamath Falls, Oregon                        |  | August 13, 1986   |  | 5:00 A.M.   |  |  |  |
| NAME OF ATTENDING PHYSICIAN (If other than certifier (Type or Print))   |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Year)  |  | REGISTRAR   |  | 22b (Signature)   |  |  |  |
|   |  | 8/14/86  |  | Richard E. Charnick   |  |   |  |  |  |
| IMMEDIATE CAUSE   |  | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).                                    |  | INTERVAL BETWEEN ONSET AND DEATH  |  | IMMEDIATE   |  |  |  |
| (a) Respiratory failure   |  |  |  | Interval between onset and death  |  | ten years   |  |  |  |
| (b) Severe COPD   |  |  |  | Interval between onset and death  |  |   |  |  |  |
| (c) Due to, or as a consequence of  |  |  |  |   |  |   |  |  |  |
| OTHER SIGNIFICANT CONDITION (S) — conditions contributing to death but not related to cause given in PART I (a) |  | AUTOPSY (Specify Yes or No)  |  | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)                                 |  | Yes   |  |  |  |
| Cor pulmonale   |  | No   |  |   |  |   |  |  |  |
| ACCIDENT (Specify Yes or No)  |  | DATE OF INJURY (Mo., Day, Year)  |  | HOUR OF INJURY  |  | DESCRIBE HOW INJURY OCCURRED  |  |  |  |
| No  |  |  |  |   |  |   |  |  |  |
| INJURY AT WORK (Specify Yes or No)  |  | PLACE OF INJURY — At home, farm, school, factory, office, public place, etc. (Specify) |  | LOCATION  |  | STREET OR R.F.D. NO.  |  | CITY OR TOWN STATE                         |  |
| No  |  |  |  |   |  |   |  |  |  |
| DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?   |  | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>  |  | WAS GIFT MADE?  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |  |  |  |
| RESERVED FOR REGISTRAR'S USE  |  |  |  |   |  |   |  |  |  |

**ORIGINAL-VITAL STATISTICS COPY**

45-2 Rev. 1-66

STATE OF OREGON  
COUNTY OF KLAMATH  
This certifies that

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 James E. Chavira, Deputy Registrar  
Date March 15, 1984

VOID IN ALL OTHERS

NOT VALID WITHOUT A RAISED SEAL OF THE FLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES


STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of \_\_\_\_\_  
of August \_\_\_\_\_ A.D., 19 16 at 4:30 o'clock P. M., and duly recorded in Vol. N86  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 14578

**FEE \$5.00**

Ret: Howard Thurman

4661 Boardman Ave., Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk  
By 

By \_\_\_\_\_