64944 '86 AUG 6 PM 4 02

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

Vol M86 Page 14735

338
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First BENJAMIN Middle ELMER Last DeVORE

2 DATE OF DEATH (month, day, year): August 17, 1984

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

4 SEX: Male

5a AGE—Last birthday (years): 56

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): December 9, 1927

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 805 Wocus Street

7c IF HOSP OR INST: Indicate DOA, OP/Emer., Rm., Inpatient (Specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Kansas

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Dorothy

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

13 SOCIAL SECURITY NUMBER: 541 - 22 - 2353

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber Handler - Ret.

14b KIND OF BUSINESS OR INDUSTRY: Weyerhauser Timber Company

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 805 Wocus Street 97601

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

16 FATHER—NAME first middle last: Elmer DeVore

17 MOTHER—first middle last (Maiden Name): Fannie Marie Duffner

18 INFORMANT—NAME and relationship to deceased: Dorothy DeVore - Wife

19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Don Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

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]: Thomas E. Klump MD

21b DATE SIGNED (Mo., Day, Yr.): Aug. 20, 1984

21c HOUR OF DEATH: 11:45 PM

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Thomas E. Klump, MD / 2600 Clover / Klamath Falls, Oregon / 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): AUG 27 1984

22b REGISTRAR [Signature]: Marian E. Ackerman

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I (a) MALIGNANT BRAIN TUMOR — Interval between onset and death: 1 Year

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): Yes

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.

OREGON (SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E. Ackerman, Deputy Registrar

Date AUG 27 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 18th day of August A.D., 19 86 at 4:02 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 14735.

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Return: Dorothy DeVore 805 Wocus, Klamath Falls, Oregon 97601