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ID TAG NO.
379
Local File Number

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

Vol. M86 Page 18317

CERTIFICATE OF DEATH
ORS — 146

State File Number

DECEDENT

1 DECEASED — NAME: First DUANE Middle JOSEPH Last CHARTRAND

2 DATE OF DEATH (month, day, year): September 25, 1986

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

4 SEX: Male

5a AGE — Last birthday (years): 59

5b Under 1 year: mos.

5c Under 1 day: days

5d hours

5e min.

6 DATE OF BIRTH (month, day, year): March 29, 1927

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Margaret

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 383 - 28 - 5366

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales & Service

14b KIND OF BUSINESS OR INDUSTRY: Vacuum Cleaners

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Bonanza

15d STREET AND NUMBER OR R.F.D.: Rt. 1 Box 12 ZIP 97623

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

16 FATHER — NAME first middle last: Joseph Chartrand

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

18 INFORMANT — NAME and relationship to deceased: Margaret Chartrand / Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (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): Marian L. Bland

20b NAME AND ADDRESS OF FACILITY: Bard's Funeral Home / 1945 Main St. / Klamath Falls, Ore.

CERTIFIER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): 12:14 A. M

21b THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour: Sept. 25, 1986 12:14 A.M

21c FROM: NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☒ SUICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature) MEDICAL EXAMINER For: Robert N Edwards

21e NAME AND TITLE — (Type or Print): Robert N. Edwards, MD

21f DATE SIGNED (Month, Day, Year): September 29, 1986

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 29 1986

22b REGISTRAR (Signature): Katherine E. Cranmer

Klamath County

CAUSE OF DEATH

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

PART I

(a) DUE TO, OR AS A CONSEQUENCE OF: Asphyxiation — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: Motor Vehicle Accident with Blunt force to occiput — Interval between onset and death:

(c)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) — Interval between onset and death:

25a DATE OF INJURY (Month, Day, Year): Sept. 24, 1986

25b HOUR: 10:35 PM

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23): Single vehicle accident - left road & rolled over -Driver

24 AUTOPSY (Specify Yes or No): Yes

25d INJ. AT WORK (Specify Yes or No): No

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): Highway

25f LOCATION (Street or R.F.D. No., City or Town, County, State): Harpold Rd.; .08 miles south of Hwy.70/ Bonanza, Ore.

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: "not available"

ORIGINAL—VITAL STATISTICS COPY

45-107 Rev. 1-86

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 Katherine E. Cranmer, Deputy Registrar

Date September 29, 1986

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

VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of October A.D., 19 86 at 2:59 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 18317.

FEE $5.00

Ret: Margaret Chartrand Rt. 1, Box 12, Bonanza, Oregon 97623

Evelyn Biehn, County Clerk

By _____