

ID TAG NO.

Local File Number

Vital Records Unit
CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 Roy		ESTEP						2 January 27, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 White		4 Male		Ca 81		5b mos. days		6 October 28, 1905	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify)		COUNTY OF DEATH			
7a Klamath Falls		7b Merle West Medical Center		7c Inpatient		7d Klamath			
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 West Virginia		9 U.S.A.		10 Married		11 Ida Estep		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 232-14-2959		14a Aircraft Engineer		14b Aero-Space Mfg.					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Chiloquin		15d 315 LaLakes St.		97624	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased					
16 William - Estep		17 Lisa - Masser		18 Evelyn Estep, Dau. in Law					
BURIAL CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
19a Cremation		19b Klamath Cremation Service		19c Klamath Falls, Ore.					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a [Signature]		Q Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) George C. Whang		21b January 28, 1987		21c 8:40 P.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP							
21d George Whang, D.O., P.O. Box 466, Chiloquin, Oregon		97624							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a January 29, 1987		22b (Signature) [Signature]							
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death							
23 (a) Pneumonia - Respiratory failure		3 days							
(b) Organic brain syndrome		1 year							
(c)									
PART II OTHER SIGNIFICANT CONDITIONS - 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)					
24 Cachexia		24 No		25 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a		26b		26c M		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
26e		26f		26g					
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

45-2 Rev. 6-6

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 [Signature] Deputy Registrar

Date January 29, 1987

VOID IF ALTERED

NOT VALID 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 _____ the 9th day of February A.D., 19 87 at 12:47 o'clock P.M., and duly recorded in Vol. M87 of Deeds on Page 2024.

FEE \$5.00

Evelyn Biehn,
By [Signature]

County Clerk

Return: Ida Estep Box 854, Chiloquin, Oregon 97624