

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

DECEASED - NAME: ROBERT LOGAN, DATE OF DEATH: January 23, 1987, DATE OF BIRTH: September 16, 1915

RACE: White, SEX: Male, AGE: 71, CITY: Klamath Falls, HOSPITAL: 2551 Montelius / At Home, COUNTY: Klamath

STATE OF BIRTH: Oregon, CITIZEN: U.S.A., MARRIED: Married, SPOUSE: Arlene, WAS DECEASED EVER IN U.S. ARMED FORCES: Yes

SOCIAL SECURITY NUMBER: 542-01-3814, USUAL OCCUPATION: Tallyman - Ret., KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Lumber Co.

RESIDENCE - STATE: Oregon, COUNTY: Klamath, CITY, TOWN OR LOCATION: Klamath Falls, STREET AND NUMBER OR R.F.D.: 2551 Montelius, ZIP: 97601

FATHER: Lee O. Logan, MOTHER: Leona Garrison, INFORMANT: Arlene Logan - Wife

BURIAL, CREMATION, REMOVAL, MAUS: (specify) Cremation, CEMETERY OR CREMATORY: Eternal Hills Memorial Gardens, LOCATION: Klamath Falls, Ore.

FUNERAL SERVICE LICENSEE or person acting as such: (Signature) [Signature], NAME AND ADDRESS OF FACILITY: Ward's Funeral Home / 1945 Main 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: 21a (Signature) [Signature], 21b (Signature) [Signature], DATE SIGNED: January 23, 1987, HOUR OF DEATH: 11:00 A.M.

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21c Charles D. Bury, MD - 2300 Clairmont - Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): January 23, 1987, REGISTRAR: (Signature) [Signature]

IMMEDIATE CAUSE: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) 22a Cardiac Arrest, Interval between onset and death: minutes

OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): 22b

ACCIDENT (Specify Yes or No): 24 No, DATE OF INJURY (Mo., Day, Year): 25b, HOUR OF INJURY: 25c, DESCRIBE HOW INJURY OCCURRED: 25d

INJURY AT WORK (Specify Yes or No): 26a, PLACE OF INJURY: 26b, LOCATION: 26c, STREET OR R.F.D. NO.: 26d, CITY OR TOWN: 26e, STATE: 26f

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 [Signature] Deputy Registrar

Date: January 23, 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 February 87 at 4:03 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 2879

FEE \$5.00

Return: Arlene Logan 2551 Montelius Klamath Falls, Oregon 97601

Evelyn Biehn, County Clerk

By [Signature]