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00643 ID TAG NO. /88 Local File Number

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

Vol. M87 Page 6382

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First Burdett; Middle J.; Last KNOWLES

2 DATE OF DEATH (month, day, year): April 10, 1987

3 RACE (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 88; 5b Under 1 year: mos. days; 5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): March 29, 1899

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Mt. View Care Center

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Opal Knowles

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

13 SOCIAL SECURITY NUMBER: 701-10-7719

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paint Store Manager

14b KIND OF BUSINESS OR INDUSTRY: Retail Paint Sales

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 2028 Applegate St. ZIP: 97601

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

16 FATHER — NAME first middle last: Chuncy Burdett Knowles

17 MOTHER — first middle last (Maiden Name): Lillian Koeplin

18 INFORMANT — NAME and relationship to deceased: Darlene Blackman, Daughter

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

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): Mike Ohair

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

CERTIFIER

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): Blake Berven M.D.

DATE SIGNED (Mo., Day, Year) 21b April 13, 1987

HOUR OF DEATH 21c 8:35 A. M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. ZIP: 97601

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a APR 13 1987

REGISTRAR 22b (Signature): Marian E. Ackerman

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I

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

(a) Pneumonia — Interval between onset and death: 24 hours

DUE TO, OR AS A CONSEQUENCE OF:

(b) Severe atherosclerosis with CNS vascular insufficiency — Interval between onset and death: 10 years

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)

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Year) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY (Specify Yes or No) 24	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25
		M		No	No

INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 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. 6-86

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 Marian E. Ackerman, Deputy Registrar

Date April 14, 1987

VOID IF ALTERED

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

S O D Clerk Darlene Blackman PO Box 1746 — KFO

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of April A.D., 19 87 at 2:08 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 6382. the 15th day

FEE $5.00

Evelyn Biehn, County Clerk
By _____