

73584 P87 APR 27 1987

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

Vol. 1881 Page 6537

TYPE OR PRINT
IN PERMANENT
BLACK INK
FOR
STRUCTURE
SEE
HANDBOOK

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED — NAME			First Middle Last			DATE OF DEATH (month, day, year)		
1 Herbert Dale			HOOVER			2 April 13, 1987		
RACE White, Black, American Indian, etc. (specify)			SEX			DATE OF BIRTH (month, day, year)		
3 White			4 Male			5 November 6, 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)		
7a Eugene			7b Green Valley Care Center			7c Inpatient		
STATE OF BIRTH (If not in U.S., name country)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		
8 Illinois			9 USA			10 Married		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13 543 10 2500			14a Brakeman			14b Plywood Mill Shipyard		
RESIDENCE — STATE			COUNTY			CITY, TOWN OR LOCATION		
15a Oregon			15b Lane			15c Eugene		
FATHER — NAME first middle last			MOTHER — first middle last (Maiden Name)			INFORMANT — NAME and relationship to deceased		
16 Chester Grant Hoover			17 Dacie Riggs			18 Shelby Hoover, Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)			CEMETERY OR CREMATORY — NAME			LOCATION city or town state		
19a Burial			19b Eternal Hills Cemetery			19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE or person acting as such (Signature)			NAME AND ADDRESS OF FACILITY					
20a Gary A. Buell			20b Buell Chapel, 320 N. 6th St, Springfield OR 97477					
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) R. Barnhart MD			21b 4/13/87			21c 0423 M		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)			ZIP:					
21d Richard A. Barnhart, MD, 1457 "G" St., Springfield OR			97477					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			REGISTRAR					
22a REC'D APR 14 1987			22b (Signature) [Signature]					
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]			Interval between onset and death					
PART I (a) Cardiac Arrest			Interval between onset and death					
(b) Cardiomyopathy			Interval between onset and death					
(c) Coronary Artery Disease			Interval between onset and death					
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 No			25 No		
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Year)			HOUR OF INJURY		
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?			WAS GIFT MADE?					
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
RESERVED FOR REGISTRAR'S USE								

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 6-86

STATE OF OREGON, COUNTY OF LANE

DATE April 14, 1987

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.Return: Shelby Hoover
1961 Shiloh
Eugene, OR 97401

Registrar of Vital Statistics

By [Signature]
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 17th day
of April A.D., 19 87 at 11:48 o'clock A.M., and duly recorded in Vol. 1887
of Deeds on Page 6537

FEE \$5.00

Evelyn Biehn, County Clerk
By [Signature]