CERTIFICATE OF DEATH

Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1. DECEASED — NAME (First, Middle, Last)	Leverett Lester HARTLEY, Jr.	2. DATE OF DEATH (month, day, year)	April 19, 1987
3. RACE (White, Black, American Indian, etc. (specify))	White	4. SEX	Male
5a. AGE — Last Birthday (years)	53	5b. Under 1 year — mos. / days	5c. Under 1 day — hours / min.
6. DATE OF BIRTH (month, day, year)	July 14, 1933		
7a. CITY, TOWN OR LOCATION OF DEATH	Klamath Falls	7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	Rt. 1, Box 635 L
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer, Rm., Inpatient (specify)	Residence	7d. COUNTY OF DEATH	Klamath
8. STATE OF BIRTH (If not in U.S.A. name country)	Maine	9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11. SPOUSE (IF MARRIED, WIDOWED)	Leslie L. Hartley
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	Yes		
13. SOCIAL SECURITY NUMBER	004-30-3811	14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Stained Glass Artist
14b. KIND OF BUSINESS OR INDUSTRY	Stained Glass Mfg.		
15a. RESIDENCE — STATE	Oregon	15b. COUNTY	Klamath
15c. CITY, TOWN OR LOCATION	Klamath Falls	15d. STREET AND NUMBER OR R.F.D.	Rt. 1 Box 635 L
ZIP	97603	15e. Inside City Limits (specify yes or no)	No
16. FATHER — NAME (first, middle, last)	Leverett Lester Hartley, Sr.	MOTHER — NAME (first, middle, last (Maiden Name))	Rose McGlouflin
18. INFORMANT — NAME and relationship to deceased	Leslie L. Hartley, wife		

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation	19b. CEMETERY OR CREMATORY — NAME	Klamath Cremation Service
19c. LOCATION (city or town, state)	Klamath Falls, Oregon		
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature)	[signature]	NAME AND ADDRESS OF FACILITY	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Oregon 97601

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)	[signature] M.D.	21b. DATE SIGNED (Mo., Day, Year)	April 20, 1987
21c. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)	R. Rand Hale, M.D., 2584 Campus Drive, Klamath Falls, Oregon ZIP: 97601	HOUR OF DEATH	11:30 A. M
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	April 21, 1987	22a. REGISTRAR (Signature)	[signature]

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]			
PART I (a)	Pneumonia		Interval between onset and death: 24 hours
DUE TO, OR AS A CONSEQUENCE OF: (b)	Melanoma with metastases to lung, brain		Interval between onset and death: 8 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)		24. AUTOPSY (Specify Yes or No)	No
25. WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No)	Yes		

26a. ACCIDENT (Specify Yes or No)	26b. DATE OF INJURY (Mo., Day, Year)	26c. HOUR OF INJURY	M	26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK (Specify Yes or No)	26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26g. LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

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

46-2 Rev. 8-86

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.

OREGON SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date April 21, 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 7th day of May A.D., 19 87 at 12:54 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 7834.

Evelyn Biehn, County Clerk

By [signature]

FEE $5.00

Return: Leslie L. Hartley Rt. 1, Box 635 L, Klamath Falls, Oregon 97603