CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

79630

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

87-001994

B 2591 ID TAG NO.

45 Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK 01

DECEDENT

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

	First	Middle	Last
1 DECEASED — NAME	Roy		ESTEP

2 DATE OF DEATH (month, day, year): January 27, 1987

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 81

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): October 28, 1905

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical 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): West Virginia

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Ida Estep

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

13 SOCIAL SECURITY NUMBER: 232-14-2959

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aircraft Engineer 044352

14b KIND OF BUSINESS OR INDUSTRY: Aero-Space Mfg.

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Chiloquin

15d STREET AND NUMBER OR R.F.D.: 315 LaLakes St. ZIP 97624

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

16 FATHER — NAME first middle last: William - Estep

17 MOTHER — first middle last (Maiden Name): Lisa - Masser

18 INFORMANT — NAME and relationship to deceased: Evelyn Estep, Dau. in Law

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

19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service

19c LOCATION city or town, state: Klamath Falls, Ore.

DISPOSITION

1
2 B
3

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Merle Allen

20b NAME AND ADDRESS OF FACILITY: McHair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

20c DATE SIGNED (Mo., Day, Year): January 28, 1987

20d HOUR OF DEATH: 8:40 P. M

CERTIFIER

CERTIFIER (If other than 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): George C. Whang D.O.

21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): George Whang, D.O., P.O. Box 466, Chiloquin, Oregon ZIP: 97624

21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): George Whang, D.O.

21d

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): January 29, 1987

22b REGISTRAR (Signature): Kathleen E. Cranston

CAUSE OF DEATH

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

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

PART I

23 (a) IMMEDIATE CAUSE: Pneumonia - Respiratory failure — Interval between onset and death: 3 days

(b) DUE TO, OR AS A CONSEQUENCE OF: Organic brain syndrome — Interval between onset and death: 1 year

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Cachexia

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

4 3109

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6

ACCIDENT (Specify Yes or No)

26a INJURY AT WORK (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY Ooccurred

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

45-2 Rev. 6-86

ORIGINAL—VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED MAR 06 1987

JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Michael L. Brant, Attorney the 22nd day of September A.D., 19 87 at 2:24 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 17254.

Evelyn Biehn, County Clerk

By

FEE $5.00

Return: Michael Brant, Attorney 325 Main Street Klamath Falls, Oregon 97601