CERTIFICATION OF VITAL RECORD

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Vol. M88 Page 972

25331
ID TAG NO.

441
Local File Number

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

CERTIFICATE OF DEATH

State 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 JAMES; Middle HENRY; Last NOEL

2 DATE OF DEATH (month, day, year): November 16, 1987

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

4 SEX: Male

5a AGE—Last birthday (years): 62

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 7, 1925

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Kl. Co. Convalescent Cnt.

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): Oregon

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

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

11 SPOUSE (If married, widowed): Joanne

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

13 SOCIAL SECURITY NUMBER: 540 - 20 - 0540

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

14b KIND OF BUSINESS OR INDUSTRY: Or. State Board of Health

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 1954 Manzanita Street ZIP 97601

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

16 FATHER — NAME first middle last: Paul McKinley Noel

17 MOTHER — first middle last (Maiden Name): Esther Calkins

18 INFORMANT — NAME and relationship to deceased: Joanne Noel / Wife

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 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): Mark S. Kochevar

21b DATE SIGNED (Mo., Day, Year): 11-19-87

21c HOUR OF DEATH: 1945 M.

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Mark S. Kochevar, MD / 1905 Main / Klamath Falls, Oregon / 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): NOV 23 1987

22b REGISTRAR (Signature): Michelle Batliff

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) Respiratory arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Carcinoma of the lung — Interval between onset and death: years

DUE TO, OR AS A CONSEQUENCE OF:

(c) Brain metastasis — Interval between onset and death: month

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

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

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

43-2 Rev 6-86

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 23 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of January A.D., 19 88 at 2:14 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 972 the 19th day.

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Joanne Noel 1954 Manzanita St., Klamath Falls, Oregon 97601