20072
I.D. TAG NO.

26
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

Vol. M88 136. Page 1181

83780
State File Number

1. DECEDENT'S NAME First: Glen	Middle: Amon	Last: BUTLER	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): January 14, 1988	
4. SOCIAL SECURITY NUMBER: 503-10-8166	5a. AGE - Last Birthday (Years): 78	5b. UNDER 1 YEAR Mos. / Days	5c. UNDER 1 DAY Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Norton, Kansas	7. DATE OF BIRTH (Month, Day, Year): July 29, 1909

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

1 — 9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath

2 — 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Diesel Mechanic
10b. KIND OF BUSINESS/INDUSTRY: Automotive Repair
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Esther

3 — 13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1800 Esplanade, No. 1

4 — 13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 | College (1-4 or 5+):

5 —

6 —

PARENTS

17. FATHER - NAME first middle last: Everand - Butler
18. MOTHER - NAME first middle maiden: Jennie - Pool
19. INFORMANT - NAME and relationship to deceased: Esther M. Butler, wife

DISPOSITION

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

7 — 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William L. Davenport
21b. LICENSE NUMBER (Of Licensee): 47 3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

8 —

9 — TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 5:20 A M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M

CERTIFIER

25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Mark S. Kochevar MD.

26. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)

10 — 28. DATE SIGNED (Month, Day, Year): January 14, 1988

29. DATE SIGNED (Month, Day, Year) COUNTY

11 — 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Mark S. Kochevar, MD, 1905 Main St., Klamath Falls, Oregon 97601

12 — 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

PART I
(a) 32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest: Cardiac arrest — Interval between onset and death: minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Adrenal insufficiency — Interval between onset and death: days
(c) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of lung with metastases — Interval between onset and death: months

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Cigarette smoker.
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

13 — 35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY Ooccurred

14 — 36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

15 —

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Batliff
38. DATE FILED (Month, Day, Year): JAN 15 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

JAN 26 AM 11 '88

ORIGINAL—VITAL STATISTICS COPY

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

45-2 REV. 1-88

DATE ISSUED JAN 15 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

DEPT. OF HEALTH SERVICES STATE OF OREGON 1859 KLAMATH COUNTY

American Bank Note Company — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 25th day of January A.D., 19 88 at 11:26 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 1181.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Ret: Esther Butler 1800 Esplanade #1, Klamath Falls, Oregon 97601