CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

85607

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

80-016769

359

CERTIFICATE OF DEATH

01

DECEDENT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

Decedent—Name	DAVID E. EDWARDS
Date of death	October 9, 1980
Race	White
Sex	Male
Age	69
Date of birth	March 22, 1911
City, town or location of death	Klamath Falls
Hospital or other institution—name	West Medical Center
If hosp. or not, whether DOA, Outpatient, Inpatient	Inpatient
County of death	Klamath
State of birth or if not in U.S.A., country	Oklahoma
Citizen of what country	U.S.A.
Married, never married, widowed, divorced (specify)	Married
Spouse if married, widower	Bessie Moore Edwards
Was decedent ever in U.S. Armed Forces?	No
Social Security number	444-09-1169
Usual occupation	Refinery worker
Kind of business or industry	Oil Refinery
Residence—state	Oregon
County	Klamath
City, town, or location	Klamath Falls
Street and number or R.F.D.	5423 Glenwood Drive 97601
Inside city limits	No
Father—name	Jack - Edwards
Mother—maiden name	Lizzie - Dean
Informant—name and relationship to decedent	Bessie H. Edwards, wife
Burial, cremation, removal	Burial
Cemetery or crematory—name	Oakmont Memorial Park
Location	LaFayette, California 94549
Funeral director—name	William F. Davenport
Name and address of facility	Davenport's Chapel of the Good Shepherd, 6140 South Sixth Street, Klamath Falls, Oregon 97601
Certifier	[signature] MD
Date signed	10/10/80
Hour of death	12:45 P.
Name and address of certifier	Dave Seeley, MD, Medical Dental Bldg., 905 Main Street, Klamath Falls, Oregon 9760:
Date received by registrar	OCT 10 1980
Registrar	Claudia Francis
Immediate cause	Respiratory Arrest
Due to, or as a consequence of	COPD 2 cor pulmonale
Interval between onset and death	immed
Interval between onset and death	years.
Autopsy	No
Was medical examiner notified	No
Accident	No
Date of injury	
Hour of injury	
Describe how injury occurred	
Injury at work	
Place of injury	
Location	Street or R.F.D. No. City or town State

Return: Wm Garong
1151 Pine St. 97601

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 17 1988

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

WARNING: ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 25th day of March A.D., 19 88 at 3:14 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 4216.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00