Oregon
STATE HEALTH DIVISION
Dept of Human Resources

90251

MTC-20452K
01407
Local File Number

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M88 Page 12941

81-015390
State File Number

DECEASED—NAME: 1 First: JACK; Middle: ARIE; Last: BURGRAFF

DATE OF DEATH (month, day, year): 2 September 28, 1981

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

SEX: 4 Male

AGE—Last Birthday (years): 5a 53; Under 1 year: mos / days; Under 1 day: hours / min; 5b / 5c

DATE OF BIRTH (month, day, year): 6 October 18, 1927

CITY, TOWN OR LOCATION OF DEATH: 7a Springfield

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7b McKenzie Willamette Hosp

IF HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient (Specify): 7c Emer. Rm.

COUNTY OF DEATH: 7d Lane

STATE OF BIRTH (If not in U.S.A., name country): 8 Washington

CITIZEN OF WHAT COUNTRY: 9 USA

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

SPOUSE (IF MARRIED, WIDOWED): 11 Shirlee

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

SOCIAL SECURITY NUMBER: 13 541-22-7312

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a U.S. Postal Service

KIND OF BUSINESS OR INDUSTRY: 14b U.S. Government

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b Lane

CITY, TOWN, OR LOCATION: 15c Springfield

STREET AND NUMBER OR R.F.D., ZIP: 15d 1019 North 4th St. 97477

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

FATHER—NAME first middle last: 16 Arie Burgraff

MOTHER—Maiden Name first middle last: 17 Dorothy Johnson

INFORMANT—NAME and relationship to deceased: 18 Shirlee Burgraff (wife)

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

CEMETERY OR CREMATORY—NAME: 19b Buell Chapel Crematorium

LOCATION city or town state: 19c Springfield, Oregon

FUNERAL DIRECTOR—LICENSEE OR PERSON ACTING AS SUCH (Signature): 20a [signature]

NAME AND ADDRESS OF FACILITY: 20b Buell Chapel, 320 N. 6th St., Springfield, OR 97477

To the 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]

DATE SIGNED (Mo. Day, Yr.): 21b 9-29-81

HOUR OF DEATH: 21c 1:25 p.m. M

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Dr. Luis Bianchini, 390 River Road, Eugene, OR 97404

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

DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): 22a Sept. 29 1981

REGISTRAR: 22b (Signature) Marjorie M. Kinney, Deputy

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

PART I (a) Cardiac arrhythmia. — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(b) Ischemia. — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) Coronary artery disease (severe) — Interval between onset and death

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

ACCIDENT (Specify Yes or No): 24a

DATE OF INJURY (Mo. Day, Yr.): 24b

HOUR OF INJURY: 24c M

DESCRIBE HOW INJURY OCCURRED: 24d

AUTOPSY (Specify Yes or No): 24 No

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

INJURY AT WORK (Specify Yes or No): 24e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 24f

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE: 24g

RESERVED FOR REGISTRAR'S USE

After recording return to:
Shirlee W. Burgraff
958 Shadow Trail
Sumter, SC 29150

HS-2 (Rev. 1/80)

STATE OF OREGON, COUNTY OF MULTNOMAH)ss DATE ISSUED September 21 1982

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 11th day of Aug. A.D., 1988 at 12:18 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 12941.

FEE $8.00

Evelyn Biehn County Clerk
By [signature]