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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

86-019552

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK
36IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

1 183

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

11689

2-4842

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

12374 ID TAG NO. 422 Local File Number		State File Number 86-019552	
DECEASED - NAME First Middle Last Harold A. BENDER		DATE OF DEATH (month, day, year) November 3, 1986	
RACE White, Black, American Indian, etc. (Specify) White		DATE OF BIRTH (month, day, year) August 2, 1919	
SEX Male		COUNTY OF DEATH Klamath	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Mountain View Care Center	
CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
STATE OF BIRTH (If not in U.S.A., name country) South Dakota		SPOUSE (IF MARRIED, WIDOWED) Evelyn Baker	
SOCIAL SECURITY NUMBER 503-09-0901		KIND OF BUSINESS OR INDUSTRY Dugan & Mest Chevrolet	
RESIDENCE - STATE Oregon		STREET AND NUMBER OR R.F.D. Rt 1 Box 833 Pioneer Rd	
CITY, TOWN OR LOCATION Curry		ZIP 97415	
FATHER - NAME Frank Bender		INFORMANT - NAME and relationship to deceased Evelyn Bender, wife	
MOTHER - NAME Mary Rose Stimpson		LOCATION Klamath Falls, Oregon	
BURIAL, CREMATION, REMOVAL, MAUS (Specify) Burial		CEMETERY OR CREMATOR - NAME Klamath Memorial Park	
FUNERAL SERVICE LICENSEE acting as such (Signature) William F. Newquist		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97603-7194	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) Alan M. Grobman		DATE SIGNED (Mo., Day, Year) November 4, 1986	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Alan M. Grobman, MD, 905 Main Street, Klamath Falls, Oregon		HOUR OF DEATH 11:20 A.M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ZIP 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) November 4, 1986		REGISTRAR (Signature) Joseph D. Carney	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) RESPIRATORY FAILURE (b) DUE TO, OR AS A CONSEQUENCE OF: METASTATIC LUNG CANCER (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 5 DAYS	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a), (b) AND (c)		Interval between onset and death	
ACCIDENT (Specify Yes or No) No		Interval between onset and death	
DATE OF INJURY (M., Day, Year) No		Interval between onset and death	
HOUR OF INJURY No		Interval between onset and death	
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) No		Interval between onset and death	
INJURY AT WORK (Specify Yes or No) No		Interval between onset and death	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		Interval between onset and death	
RESERVED FOR REGISTRAR'S USE		Interval between onset and death	

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 FEB 04 1987

JOSEPH D. CARNEY
STATE REGISTRARSTATE OF OREGON: COUNTY OF KLAMATH: SS. the 8th day
Filed for record at request of Evelyn Bender A.M., and duly recorded in Vol. M89
of May A.D., 19 89 at 10:57 o'clock on Page 7823
of Deeds Evelyn Biehn County Clerk
By [Signature]

FEE \$8.00