OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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Oregon
STATE HEALTH DIVISION
Dept of Human Resources

CERTIFICATE OF DEATH

83-019515

Vital Records Unit

492
Local File Number

State File Number

1 DECEASED—NAME	First: Floyd	Middle: Grant	Last: SMITH			2 DATE OF DEATH (month, day, year)	November 15, 1983
3 RACE White, Black, American Indian, etc. (specify)	White	4 SEX: Male	5a AGE—Last birthday (years): 86	5b Under 1 year: mos / days	5c Under 1 day: hours / min	6 DATE OF BIRTH (month, day, year)	November 8, 1897
7a CITY, TOWN OR LOCATION OF DEATH	Bend	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	St. Charles Medical Ctr.	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]	Inpatient	7d COUNTY OF DEATH	Deschutes
8 STATE OF BIRTH (If not in U.S.A., name country)	Ohio	9 CITIZEN OF WHAT COUNTRY	USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married	11 SPOUSE (IF MARRIED, WIDOWED)	Lucy L.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]	No
13 SOCIAL SECURITY NUMBER	533-44-7615	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	U.S. Mail Carrier	14b KIND OF BUSINESS OR INDUSTRY	U.S Government		
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Gilchrist	15d STREET AND NUMBER OR R.F.D., ZIP	Star Rt. Karen Dr. 97737	15e Inside City Limits (specify yes or no)	No
16 FATHER—NAME first middle last	Clude L. Smith	17 MOTHER—Maiden Name first middle last	Elsie S. Morse	18 INFORMANT—NAME and relationship to deceased	Lucy L. Smith Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation	19b CEMETERY OR CREMATORY—NAME	Central Oregon Cremation Association	LOCATION city or town / state	Bend Oregon		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]	Kathleen L Williams	20b NAME AND ADDRESS OF FACILITY	Central Ore. Cremation Assn. 105 N.W. Irving Bend, Or 97701				
To be Completed by CERTIFYING PHYSICIAN Only — 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated [Signature]	Keith W. Harless, MD	21b DATE SIGNED [Mo., Day, Yr.]	11/15/83	21c HOUR OF DEATH	12:40 A. M		
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Keith W. Harless, M.D. 1501 N.E. Medical Center Dr. Bend, Oregon 97701						
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]							
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	11-15-83	22b REGISTRAR [Signature]	Jacqueline Mathis Dep Registrar				

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

PART I
(a) Ischemic cardiac disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

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

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
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

RESERVED FOR REGISTRAR'S USE

Return to: Bend Title Co
PO Box 4325
Sunriver 97707

HS-2 (Rev. 1/80)

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 SEP 09 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 14th day of Oct. A.D., 19 91 at 10:27 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 21456.

Evelyn Biehn County Clerk

FEE $8.00

By Dawn Quindoss