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OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS Vol. M91 Page

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

'91 NOV 1 PM 3 36

86-002202

45
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED NAME (First) PAUL	Middle HERBERT	Last CHITWOOD		2 DATE OF DEATH (month day year) January 30, 1986	
3 RACE (White, Black, American Indian, etc. (Specify)) White	4 SEX Male	5a AGE—Last Birthday (years) 70	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.	6 DATE OF BIRTH (month day year) July 15, 1915
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center		7c IF HOSP OR INST indicate DOA or Emer Rm Inpatient (Specify) DOA	7d COUNTY OF DEATH Klamath	
8 STATE OF BIRTH (If not in U.S.A. name country) California	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Ruth	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
13 SOCIAL SECURITY NUMBER 551 - 07 - 7830	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Professor - Retired		14b KIND OF BUSINESS OR INDUSTRY Oregon Institute of Technology		
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 97603 6738 Eberlein Street	15e Inside City Limits (Specify yes or no) No	
16 FATHER (First, middle, last) Charles J. Chitwood	17 MOTHER—(First, middle, last) (Maiden Name) Mattie Belle Freeman		18 INFORMANT (NAME and relationship to deceased) Ruth Chitwood / Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Cremation	19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		19c LOCATION (City or Town, State) Klamath Falls, Or.		
20a FUNERAL SERVICE LICENSEE (Person Acting As Such) (Signature) [illegible]	20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Or. - 97601				
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) [illegible]	21b DATE SIGNED (Mo. Day Yr.) 2/3/86	21c HOUR OF DEATH 9:47 A M		
	21d NAME AND ADDRESS OF CERTIFIER (Type or Print) David C. Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Oregon				
	21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) FEB 4 1986	22b REGISTRAR (Signature) Darleen E. Clausen				

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

		Interval between onset and death
IMMEDIATE CAUSE (a)	CARDIAC ARREST	IMMED
DUE TO OR AS A CONSEQUENCE OF (b)	CORONARY HEART DISEASE	7 YRS.
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)

24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
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		M	

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

ORIGINAL - VITAL STATISTICS COPY

45.2 REV 1283

After recording return to:
Klamath First Federal
P. O. Box 5270
Klamath Falls, OR 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 OCT 30 1991

Edward J. Johnson II
EDWARD J JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamth County Title Co. the 1st day of Nov. A.D., 19 91 at 3:36 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 22973.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00