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92-002378

No. 7432

CERTIFICATE OF DEATH

Vital Records Unit

43277

54

State File Number

Local File Number

DECEDENT — NAME: First WILLIAM; Middle ROBERT; Last PLUM, JR.

1 DATE OF DEATH (month, day, year): February 8, 1982

2 DATE OF BIRTH (month, day, year): October 9, 1911

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

4 SEX: Male

5a AGE—Last birthday (years): 70

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 COUNTY OF DEATH: Klamath

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Ida Jane Plum

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

13 SOCIAL SECURITY NUMBER: 322 - 09 - 6962

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Sec. / Tre. - Retired

14b KIND OF BUSINESS OR INDUSTRY: Machinist's Union

14c RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1016 Merryman Dr. 97601

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

15a FATHER—NAME first middle last: William R. Plum, Sr.

17 MOTHER—Maiden Name first middle last: Margaret Adams

18 INFORMANT—NAME and relationship to deceased: Ida Jane Plum / Wife

16 BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19a CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

19a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Carson L. Plaid

20b NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main / Klamath Falls, Oregon / 9760

20c DATE SIGNED [Mo., Day, Yr.]: 2-10-82

21c HOUR OF DEATH: 1:25 P.M.

To be 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]: Alden B. Glidden MD

21b NAME AND ADDRESS OF CERTIFIER [Type or Print]: Alden B. Glidden, MD / 2680 "B" Uhrmann Rd / Klamath Falls, Oregon

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: FEB 12 1982

22b REGISTRAR [Signature]: Claudia Francis

22a

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

23 IMMEDIATE CAUSE: ventricular fibrillation — Interval between onset and death: immediate

(a) DUE TO, OR AS A CONSEQUENCE OF: hypoxic brain damage — Interval between onset and death: 2 days

(b) DUE TO, OR AS A CONSEQUENCE OF: cardiac arrest due to probable arrhythmia — Interval between onset and death: 2 days

(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Hypertension, Hypercholesterolemia, Peripheral Vascular Disease

24 AUTOPSY [Specify Yes or No]: No

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

26 ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY occurred

26a 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

26e RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1-80)

Reteen - Thomas P. Fiscus
PO Box 8633
Chico Ca 95927

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

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.

DATE ISSUED JANUARY 14 1983

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 9th day of April A.D., 19 92 at 11:43 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 7432.

Evelyn Biehn, County Clerk
By Darlene Mulendore

FEE $10.00