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Local File Number

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

Vol m 93 Page 5083

CERTIFICATE OF DEATH

State File Number

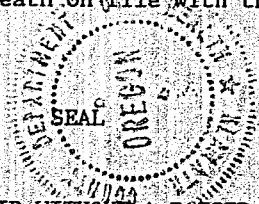
DECEASED — NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
William		P.	CUPERNALL		November 28, 1986	
RACE (specify)		SEX	AGE — Last birthday (years)		DATE OF BIRTH (month, day, year)	
White		Male	5a 62		6 March 8, 1924	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME		IF HOSP. OR INST. Indicate DOA, OP/Emr. Rm., Inpatient (specify)		COUNTY OF DEATH
Klamath Falls		Merle West Medical Center		Emer. Rm. D.O.		Klamath
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)
New York		U.S.A.		Married		Yes
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
541-30-1259		Yard Department Foreman		Weyerhaeuser Lumber Company		
RESIDENCE — STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.		ZIP
Oregon		Klamath	Klamath Falls	1140 McClellan Drive		97603
FATHER — NAME		MOTHER — NAME	INFORMANT — NAME and relationship to deceased			
Harold — Landon		Wava — Davis	Dorene J. Cupernall, Wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OF CREMATORY — NAME		LOCATION city or town state		
Cremation		Klamath Cremation Service		Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY				
M.D.		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		
21a (Signature) M.D.		21b December 1, 1986		21c 8:39 P. M.		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)						
21d Earle M. LeVernois, M.D., 2628 Campus Drive, Klamath Falls, Oregon 97601						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e						
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR				
22a December 2, 1986		22b (Signature) — Adrienne E. Cravens				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
(a) Cardiac Resp. Failure		Terminal				
(b) Metast. of Lung		Interval between onset and death				
(c) Draining C.A. of Gastroesoph. Junction		2 mos				
PART II OTHER SIGNIFICANT CONDITIONS — Condition contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
		24 No		25 Yes		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a		26b	26c	M 26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e		26f	26g			
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?				
YES ☐ NO ☒ N/A ☐		YES ☐ NO ☒ N/A ☐				
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-85

STATE OF OREGON
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.



MARIAN ACKERMAN, Registrar Vital Statistics

By Adrienne E. Cravens, Deputy RegistrarDate December 2, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

AFTER RECORDING RETURN TO:

Dorene J. Cupernall
c/o Randy Gehrke
P.O. Box 463
Easton, WA 98925STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Aspen Title co
on this 12th day of March A.D. 19 93
at 11:27 o'clock A M. and duly recorded
in Vol. M93 of Deeds Page 5083

Evelyn Biehn County Clerk

By Pauline Mullendore
Deputy.

Fee, \$10.00