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B-2580

ID TAG NO.

453

Local File Number

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

CERTIFICATE OF DEATH

Vol m93 Page 5083

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

Field	Entry
1. Deceased — Name (First, Middle, Last)	William P. CUPERNALL
2. Date of Death (month, day, year)	November 28, 1986
3. Race (White, Black, American Indian, etc.) (specify)	White
4. Sex	Male
5a. Age — Last birthday (years)	62
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	March 8, 1924
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, OP/Emer. Rm., Inpatient (specify)	Emer. Rm. D.O.A.
7d. County of Death	Klamath
8. State of Birth (If not in U.S.A., name country)	New York
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Spouse (If married, widowed)	Dorene J. Cupernall
12. Was Decedent Ever in U.S. Armed Forces? (specify yes or no)	Yes
13. Social Security Number	541-30-1259
14a. Usual Occupation (Give kind of work done during most of working life, even if retired)	Yard Department Foreman
14b. Kind of Business or Industry	Weyerhaeuser Lumber Company
15a. Residence — State	Oregon
15b. County	Klamath
15c. City, Town or Location	Klamath Falls
15d. Street and Number or R.F.D.	1140 McClellan Drive, Zip 97603
15e. Inside City Limits (specify yes or no)	No
16. Father — Name (first, middle, last)	Harold - Landon
17. Mother — (first, middle, last) (Maiden Name)	Wava - Davis
18. Informant — Name and relationship to deceased	Dorene J. Cupernall, Wife

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Maus. (specify)	Cremation
19b. Cemetery or Crematory — Name	Klamath Cremation Service
19c. Location (city or town, state)	Klamath Falls, Oregon
20a. Funeral Service Licensee or person acting as such (Signature)	[signature]
20b. Name and Address of Facility	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601

CERTIFIER (To be Completed by Certifying Physician Only)

Field	Entry
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	[signature] M.D.
21b. Date Signed (Mo., Day, Year)	December 1, 1986
21c. Hour of Death	8:39 P. M
21d. Name, Title and Address of Certifier (Type or Print)	Earle M. LeVernois, M.D., 2628 Campus Drive, Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier (Type or Print)	
22a. Date Received by Registrar (Mo., Day, Year)	December 2, 1986
22b. Registrar (Signature)	Katherine E. Cravenho

CAUSE OF DEATH

23. Immediate Cause (Enter only one cause per line for (a), (b) and (c).)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Part I	Cause	Interval between onset and death
(a)	Cardio Resp. Failure	Terminal
(b) Due to, or as a consequence of:	Metast Ca. of To lung	2 Mon's
(c) Due to, or as a consequence of:	Primary Ca. of Gastro-esoph. Junction	2½ yrs

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): No

25. Was Medical Examiner Notified (Specify Yes or No): Yes

26a. Accident (Specify Yes or No)	26b. Date of Injury (Mo. Day, Year)	26c. Hour of Injury	26d. Describe How Injury Occurred
		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)

Did hospital representative make request for anatomical gift consent? Yes ☐ No ☒ N/A ☐

Was gift made? 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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cravenho, Deputy Regisrtar

Date 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 98925

STATE OF OREGON, County of Klamath ss.

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