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

VOL 14 PAGE 804

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245

Local File Number

CERTIFICATE OF DEATH

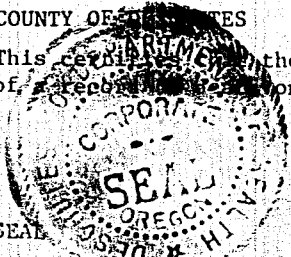
State File Number

DECEASED—NAME 1 <b>Walter Isaac KERN</b>			DATE OF DEATH (month, day, year) 2 <b>May 24, 1983</b>		
RACE White, Black, American Indian, etc. (specify) 3 <b>White</b>			SEX 4 <b>Male</b>		
CITY, TOWN OR LOCATION OF DEATH 7a <b>Bend</b>			HOSPITAL OR OTHER INSTITUTION—NAME (if not in entry, give street and number) 7b <b>St. Charles Medical Center</b>		
STATE OF BIRTH (if not in U.S., name country) 8 <b>Kansas</b>			CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>		
SOCIAL SECURITY NUMBER 13 <b>542-03-7428</b>			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <b>Antique Dealer</b>		
RESIDENCE—STATE 15a <b>Oregon</b>			COUNTY 15b <b>Klamath</b>		
FATHER—NAME first middle last 16 <b>Walter S. Kern</b>			MOTHER—Maiden Name first middle last 17 <b>Lilly Mae Bowers</b>		
BURIAL, CREMATION, REMOVAL, MAUS (specify) 19a <b>Cremation</b>			CEMETERY OR CREMATORY—NAME 19c <b>Klamath Cremation Service</b>		
FUNERAL SERVICE LICENSEE OF Person Acting As Such (Signature) 20a <b>Ray G. Faul</b>			NAME AND ADDRESS OF FACILITY 20b <b>TABO'S Desert Hills MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701</b>		
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <b>Thomas Combs</b>			DATE SIGNED (Mo., Day, Yr.) 21b <b>5/24/1983</b>		
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d <b>Thomas Combs M.D. 1501 NE Medical Center Dr. Bend, Oregon</b>			HOUR OF DEATH 21c <b>4:40 A.M.</b>		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <b>May 24, 1983</b>			REGISTRAR 22b (Signature) <b>Vivian M. Raycraft</b>		
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
PART I (a) <b>Acute Myocardial Infarction</b>			Interval between onset and death <b>48 hrs.</b>		
(b) <b>Atherosclerotic Heart Disease</b>			Interval between onset and death		
(c)			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24 <b>No</b>	
ACCIDENT (Specify Yes or No) 26a <b>No</b>		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c	
INJURY AT WORK (Specify Yes or No) 26d		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 <b>No</b>	
LOCATION 26g		STREET OR R.F.D. NO		CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE					

HS-2 Rev-1-80

STATE OF OREGON  
COUNTY OF DESCHUTES

This certificate and the foregoing is a correct and complete transcript of a record on file with the Deschutes County Health Department.



**Vivian M. Raycraft**  
Vivian M. Raycraft, Registrar  
Vital Statistics

SEAL  
VOID IF ALTERED

**May 24 1983**

Not valid without raised seal of Deschutes County Health Department

408 804 8282

Vol. 107

STATE OF OREGON  
COUNTY OF DESCHUTES

6859-03

6859-A

Official Copy

STATE OF OREGON )  
COUNTY OF DESCHUTES ) SS.

I, MARY SUE PENHOLLOW, COUNTY CLERK AND  
RECORDER OF CONVEYANCES, IN AND FOR SAID  
COUNTY, DO HEREBY CERTIFY THAT THE WITHIN  
INSTRUMENT WAS RECORDED THIS DAY:

1983 MAY 24 PM 2:57

MARY SUE PENHOLLOW  
COUNTY CLERK

Return: Steven Kidder  
169 Vista Dr  
Sonoma, Ca. 95476

STATE OF OREGON,  
County of Klamath ss.

Filed for record at request of:

Steven Kidder

on this 5th day of April A.D. 19 93  
at 2:29 o'clock PM and duly recorded  
in Vol. M93 of Deeds Page 6859

Evelyn Biehn County Clerk

By Pauline Nulander  
Deputy.

Fee. \$10.00

BY Nancy K... DEPUTY  
NO. 83-8393 FEE 5.00

DESCHUTES COUNTY OFFICIAL RECORDS