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K-45491

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

135 (Local File Number) 85-007077 (State File Number)

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK 02

DECEDENT

1. DECEASED - NAME: HERBERT (First) LLOYD (Middle) BROWN (Last)
2. DATE OF DEATH (month, day, year): April 6, 1985
3. RACE (White, Black, American Indian, etc. (Specify)): White
4. SEX: Male
5a. AGE (Last Birthday (years)): 76
5b. Under 1 year (months); 5c. Under 1 day (hours, minutes)
6. DATE OF BIRTH (month, day, year): April 20, 1908
7. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number): Merle West Medical Center
7c. If HOSP OR INST: Indicate DOA, OP, Emer. Rm. treatment (Specify): Emer. Room
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Della
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 543 - 10 - 0976
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver - Retired 884230
14b. KIND OF BUSINESS OR INDUSTRY: Logging
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls 97603
15d. STREET AND NUMBER OR R.F.D., ZIP: 2255 Union Street 97601
15e. Inside City Limits (Specify Yes or No): Yes
16. FATHER - NAME (First, Middle, Last): William Brown
17. MOTHER - NAME (First, Middle, Last (Maiden Name)): Arzella Waits
18. INFORMANT - NAME and relationship to deceased: Della Brown / Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b. CEMETERY OR CREMATORY NAME: Eternal Hills Memorial Gardens
19c. LOCATION (City or Town, State): Klamath Falls, Ore.
20a. FUNERAL SERVICE LICENSEE (Signature, Acting As Such): James R. Leland
20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main / Klamath Falls, Oregon - 97601

CERTIFIER

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): D. Sceley MD
21b. DATE SIGNED (Mo, Day, Yr): 4/8/85
21c. HOUR OF DEATH: 3:25 PM
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): David Sceley, MD / 905 Main, Suite 611 / Klamath Falls, Oregon / 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a. DATE RECEIVED BY REGISTRAR (Mo, Day, Yr): APR 9 1985
22b. REGISTRAR (Signature): Kathleen E. Cravens

CAUSE OF DEATH

PART I — IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) DUE TO OR AS A CONSEQUENCE OF: ACUTE Myocardial Infarction — Interval between onset and death: 1 hr.
(b) DUE TO OR AS A CONSEQUENCE OF: Coronary Heart Disease — Interval between onset and death: 1 yr.
(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)):
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26. ACCIDENT (Specify Yes or No): No
26a. DATE OF INJURY (Mo, Day, Yr)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY OCCURRED
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

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 JUL 16 1993

Edward J. Johnson II
EDWARD J. JOHNSON II, STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co the 26th day of July A.D., 19 93 at 11:46 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 18167.

FEE $10.00

Evelyn Biehn County Clerk
By Pauline Mulkins

Return: Klamath County Title co