

CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

1. File Number		2. SEX		3. DATE OF DEATH (Month, Day, Year)	
Benny Ray STARR		M		August 30, 1993	
4. SOCIAL SECURITY NUMBER		5a. AGE Last Birthday (Years)		5b. Under 1 Year	
540-34-0744		61		5c. Under 1 Day	
6. BIRTHPLACE (City and State or Foreign Country)		7. DATE OF BIRTH (Month, Day, Year)		8. PLACE OF DEATH (Check only one)	
Tucson, Arizona		January 21, 1932		HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> COA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number)		10. CITY, TOWN, OR LOCATION OF DEATH		11. COUNTY OF DEATH	
2415 Pine Grove Road		Klamath Falls		Klamath	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		13. KIND OF BUSINESS/INDUSTRY		14. MARITAL STATUS (Specify)	
Production Manager		Plywood Mill		Married	
15. RESIDENCE - STATE		16. COUNTY		17. STREET AND NUMBER	
Oregon		Klamath		2415 Pine Grove Road	
18. INSIDE CITY LIMITS?		19. ZIP CODE		20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		97603		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
21. FATHER - NAME first middle last		22. MOTHER - NAME first middle maiden		23. INFORMANT - NAME and relationship to decedent	
Benjamin Foy Starr		Anna Katherine Walker		Joan Starr - Wife	
24. METHOD OF DISPOSITION		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		26. LOCATION (City or town, State)	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Klamath Cremation Service		Klamath Falls, Oregon	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		28. LICENSE NUMBER (Of Licensee)		29. NAME, ADDRESS AND ZIP OF FACILITY	
<i>James K. K. K.</i>		3409		Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601	
30. DATE FILED (Month, Day, Year)		31. REGISTRAR'S SIGNATURE		32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	
SEP 03 1993		<i>Charles Barcus</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
33. TO BE COMPLETED BY CERTIFYING PHYSICIAN		34. TO BE COMPLETED ONLY BY MEDICAL EXAMINER		35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)	
37. TIME OF DEATH		38. WAS MEDICAL EXAMINER NOTIFIED?		(a) <i>Metastatic Prostate Cancer</i>	
1950 M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Interval between onset and death: <i>23 months</i>	
39. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		40. On the basis of examination and/or investigation, I certify that death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		(b) <input type="checkbox"/> Due to, OR AS A CONSEQUENCE OF:	
<i>Robert F. Bohnen</i>		<i>Charles Barcus</i>		(c) <input type="checkbox"/> Due to, OR AS A CONSEQUENCE OF:	
30. DATE SIGNED (Month, Day, Year)		31. DATE SIGNED (Month, Day, Year)		Interval between onset and death:	
August 31, 1993					
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.	
Robert F. Bohnen, M.D., 2610 Uhrmann Road, Klamath Falls, OR 97601				<i>None</i>	
34. MANNER OF DEATH		35. DATE OF INJURY		36. TIME OF INJURY	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
				M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41d. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41e. INJURY AT WORK?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41f. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41h. DESCRIBE HOW INJURY OCCURRED	

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 79

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: SEP 03 1993

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joan Starr
of Sept. A.D. 19 93 at 2:09 o'clock P.M. and duly recorded in Vol. M93
of Deeds on Page 23507

FEE \$10.00

Return: Joan Starr, P.O. Box 5104,
Klamath Falls, Or. 97603Evelyn Biehn, County Clerk
By