87267

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
19-JUL-94P01:10 RCVD

Vol M94 Page 27457

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

240
Local File Number

95E011784
State File Number

CERTIFICATE OF DEATH

1 DECEDENT—NAME: First JOHN Middle ROGERS Last CHRONISTER
2 DATE OF DEATH (month, day, year): June 27, 1985
3 RACE: White
4 SEX: Male
5a AGE—Last Birthday (Years): 88
5b Under 1 year: Months / Days
5c Under 1 day: Hours / Minutes
6 DATE OF BIRTH (month, day, year): December 24, 1896
7a CITY, TOWN OR LOCATION OF DEATH: Bly
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street number and name): Highway # 140 / PO Box 506
7c If HOSP OR INST: Indicate DOA, OP, Emer. Rm., or Patient (Specify)
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Oklahoma
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Alice
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 445 / 16 / 5888
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer - Retired
14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Bly
15d STREET AND NUMBER OR R.F.D., ZIP: Highway # 140 / PO Box 506 / 97622
15e Inside City Limits (Specify yes or no): Yes
16 FATHER—NAME first middle last: Monroe Chronister
17 MOTHER—NAME first middle last (Maiden Name): Nada Dorsey
18 INFORMANT—NAME and relationship to deceased: Alice Chronister / Wife
19a DISPOSITION—Burial, Cremation, Removal, Donation (Specify): Burial
19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
19c LOCATION—City or Town: Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—NAME AND ADDRESS OF FACILITY: [illegible] - 1945 Main - Klamath Falls, Or. - 97601
20b [Signature]
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a [Signature]
NAME AND ADDRESS OF CERTIFIER (Type or Print): John Stovich, MD / Chiloquin Medical Center / PO Box 466 / Chiloquin, Ore. / 97624
21b DATE SIGNED (Mo., Day, Yr.): June 28, 1985
21c HOUR OF DEATH: 9:30 A M
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUL 1 1985
22b REGISTRAR
22c [Signature]

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) CARDIAC ARREST — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) HYPOXIA — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) SEVERE CHRONIC OBSTRUCTIVE LUNG DISEASE — 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): Yes

26a ACCIDENT (Specify Yes or No): No
26b 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

45-2 REV. 12-83

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 06 1994

EDWARD J JOHNSON II
STATE REGISTRAR

5/12/94

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss

Filed for record at request of Alma Tecumseh on the 1st day of Sept. A.D., 19 94 at 1:19 o'clock P M., and duly recorded in Vol. M94 on Page 27457

Evelyn Biehn County Clerk
By Deputy

FEE $10.00

Return: Alma Tecumseh, 3515 Jana Dr
Klamath Falls, Or. 97601