OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

2427

mlc 35455
07/05-95P03:36 RCVD

Vol. M95 Page 17480

Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

83-008485

Local File Number

State File Number

1 DECEASED—NAME: Edward	Thomas	LEECH	2 DATE OF DEATH (month, day, year): May 15, 1983		
3 RACE (White, Black, American Indian, etc. (Specify)): White	4 SEX: Male	5a AGE—Last Birthday (years): 63	Under 1 year: 5b months, 5c days	Under 1 day: 5d hours, 5e minutes	6 DATE OF BIRTH (month, day, year): August 29, 1919
7a CITY, TOWN OR LOCATION OF DEATH: Eugene	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Sacred Heart	7c IF HOSP OR INST Indicate DOA, OP, Ward, Room, Inpatient (Specify): Emer. Rm.	7d COUNTY OF DEATH: Lane		
8 STATE OF BIRTH (If not in U.S.A., name country): Washington	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11 SPOUSE (If married, widowed): Loyce B.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes	
13 SOCIAL SECURITY NUMBER: 564-01-7751	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer	14b KIND OF BUSINESS OR INDUSTRY: Railroad			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 5439 Villa Dr 97601	15e Inside City Limits (Specify yes or no): Yes	
16 FATHER—NAME first middle last: Joseph - Leech	17 MOTHER—Maiden Name first middle last: Nora - Mearas	18 INFORMANT—NAME and relationship to deceased: Loyce B. Leech - Wife			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Poole-Larsen Crematorium	19c LOCATION city or town, state: Eugene, Oregon			
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Michael D. Walker	20b NAME AND ADDRESS OF FACILITY: Poole-Larsen 1100 Charnelton Eugene, Oregon 97401				

21 CERTIFICATION OF ATTENDING PHYSICIAN

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): [signature] 5/17/83 — 21b DATE SIGNED (Mo., Day, Yr.): 5-17-83 — 21c HOUR OF DEATH: 12:11 A M

NAME AND ADDRESS OF CERTIFIER (Type or Print): Phillip R. Taggart M.D. 475 Oakway Rd., Eugene, Oregon 97401

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): May 20 1983 — 22b REGISTRAR (Signature): Marjorie McRainy, Deputy

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Interval between onset and death

PART I
(a) Cardiac arrest — minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Suspected myocardial infarction — minutes
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Recent diverticulitis, asthma.

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or 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

21-2 (11 81)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED JUN 30 1995

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 5th day of July A.D., 19 95 at 3:36 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 17480.

Bernetha G. Letsch County Clerk
By [signature]

FEE $10.00

Return: Mountain Title Co