OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

07-20-95A11:28 RCVD

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

CERTIFICATE OF DEATH

09708 ID TAG NO.
544 Local File Number
86-015994 State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK 21

DECEDENT

DECEASED — NAME: 1 First: Edward; Middle: Logan; Last: CASE
DATE OF DEATH (month, day, year): 2 September 5, 1986
RACE (White, Black, American Indian, etc) (specify): 3 American Indian
SEX: 4 Male
AGE — Last birthday (years): 5a 69; Under 1 year: mos / days; Under 1 day: hours / min 5c
DATE OF BIRTH (month, day, year): 6 March 30, 1917
CITY, TOWN OR LOCATION OF DEATH: 7a Roseburg
HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 7b Veterans Medical Administration Center
IF HOSP OR INST (Indicate DOA, OP, Emer. Rm., Inpatient) (specify): 7c Inpatient
COUNTY OF DEATH: 7d Douglas
STATE OF BIRTH (If not in U.S.A., name country): 8 Oregon
CITIZEN OF WHAT COUNTRY: 9 U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married
SPOUSE (IF MARRIED, WIDOWED): 11 Cassie
WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): 12 Yes
SOCIAL SECURITY NUMBER: 13 541 24 3650
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Forest Warden 416 030
KIND OF BUSINESS OR INDUSTRY: 14b State Department of Forestry
RESIDENCE — STATE: 15a Oregon
COUNTY: 15b Klamath
CITY, TOWN OR LOCATION: 15c Chiloquin
STREET AND NUMBER OR R.F.D.: 15d Lalo Springs Ranch
ZIP: 97624
Inside City Limits (specify yes or no): 15e No
FATHER — NAME first middle last: 16 Edward Case
MOTHER — first middle last (Maiden Name): 17 Ethel Logan
INFORMANT — NAME and relationship to deceased: 18 V. A. Medical Center Records

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial
CEMETERY OR CREMATORY — NAME: 19b Hill Cemetery
LOCATION city or town, state: 19c Chiloquin, Oregon
FUNERAL SERVICE LICENSEE or person acting as such (Signature): 20a Kevin D. Ross
NAME AND ADDRESS OF FACILITY: 20b Wards Funeral Home 1945 Main St. Klamath Falls, Or 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): Henrik Lundh M.D.
DATE SIGNED (Mo., Day, Year): 21b September 5, 1986
HOUR OF DEATH: 21c 11:00 A.M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d Henrik Lundh, M.D., V. A. Medical Center, Roseburg, OR 97470 ZIP
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e Harry Masenhimer, M.D.

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a Sept 9, 1986
REGISTRAR: 22b (Signature) Peter C. Walter

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

		Interval between onset and death
23 IMMEDIATE CAUSE		
PART I (a)	Carcinoma of the lung with metastases to the brain	
DUE TO, OR AS A CONSEQUENCE OF		
(b)		
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)

AUTOPSY (Specify Yes or No): 24 No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 No

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

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION — STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e No	26f	26g		

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒
WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev 1-86

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 JUL 12 1995

Edward J. Johnson
EDWARD J. JOHNSON II
STATE REGISTRAR

$10.00 CK

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Cassie Case the 20th day of July A.D., 19 95 at 11:28 o'clock A M., and duly recorded in Vol. M95, of Deeds on Page 18773.

RETURN: Cassie Case
P.O. Box 78
Chiloquin, Or 97624

FEE $10.00

Bernetha G. Letsch, County Clerk
By Bernetha G. Letsch