

After recording return to:
Sylvia Marie Chance
1505 Madison Street, Sp. 84
Klamath Falls, OR 97603

Vol. 1895 Page 18933

A7C #01043393

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS		138
CERTIFICATE OF DEATH		State File Number
1. DECEDENT'S NAME First: <u>James</u> Middle: <u>C.</u> Last: <u>CHANCE</u>		2. SEX <u>Male</u>
3. DATE OF DEATH (Month, Day, Year) <u>December 23, 1992</u>		
4. SOCIAL SECURITY NUMBER <u>519-10-5519</u>		5. AGE-Last Birthday (Years) <u>77</u>
6. BIRTHPLACE (City and State or Foreign) <u>Redstone, Montana</u>		7. DATE OF BIRTH (Month, Day, Year) <u>November 2, 1915</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)
10. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		11. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>
12. COUNTY OF DEATH <u>Klamath</u>		
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>School Teacher</u>		14. KIND OF BUSINESS/INDUSTRY <u>Secondary Education</u>
15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		16. SPOUSE (If Married, Widowed) <u>Sylvia Marie Chance</u>
17. RESIDENCE - STATE <u>Oregon</u>		18. COUNTY <u>Klamath</u>
19. CITY, TOWN OR LOCATION <u>Klamath Falls</u>		20. STREET AND NUMBER <u>1505 Madison Street Space# 84</u>
21. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. ZIP CODE <u>97603</u>
23. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		24. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
25. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (12)</u>		26. College (14 or 16+) <u>5+</u>
27. FATHER - NAME first middle last <u>James M. Chance</u>		28. MOTHER - NAME first middle maiden <u>Stella - Clark</u>
29. INFORMANT - NAME and relationship to decedent <u>Marie Chance Spouse</u>		
30. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>
32. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>		
33. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James O. Ripe</u>		34. LICENSE NUMBER (Of Licensee) <u>52-0297</u>
35. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel</u> <u>515 Pine ST. Klamath Falls, OR 97601</u>		
36. DATE FILED (Month, Day, Year) <u>DEC 28 1992</u>		37. REGISTRAR'S SIGNATURE <u>Charles Robinson</u>
38. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		39. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
40. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH <u>9:35 A</u> 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Kenneth K Magee M.D.</u> 30. DATE SIGNED (Month, Day, Year) <u>12-24-92</u> 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee M.D. 1900 Main Street Klamath Falls, Oregon 97601</u> 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		41. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 33. DATE SIGNED (Month, Day, Year) COUNTY
42. 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.) PART I (a) <u>Celiac Artery Occlusion</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Severe generalized atherosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Other Significant Conditions -</u> Conditions contributing to death but not resulting in the underlying cause given in PART I. PART II 43. MANNER OF DEATH <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 44a. DATE OF INJURY (Month, Day, Year) 44b. TIME OF INJURY 44c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 44d. DESCRIBE HOW INJURY OCCURRED 45. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) 46. LOCATION (Street and Number or Rural Route Number, City or Town, State)		47. Interval between onset and death <u>2 days</u> 48. Interval between onset and death <u>year</u> 49. Interval between onset and death

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: DEC 28 1992

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 21st day
of July A.D., 19 95 at 10:52 o'clock A M., and duly recorded in Vol. 18933
of Deeds on Page 18933

FEE \$10.00

By Bernetha G. Leach, County Clerk
Aspen Title & Escrow