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TYPE OR PRINT IN PERMANENT BLACK INK

217556 ID TAB NO.

403 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Bernard; Middle: Loide; Last: OSBORN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 23, 1996
4. SOCIAL SECURITY NUMBER: 544-07-0388
5a. AGE-Last Birthday (Years): 76
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Cherryvale, KS
7. DATE OF BIRTH (Month, Day, Year): February 28, 1920
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 8th & Main Streets
9c. CITY, TOWN, OR LOCATION OF DEATH: Sprague River
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Log Truck Driver
10b. KIND OF BUSINESS/INDUSTRY: Timber Industry
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mary B.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Sprague River
13d. STREET AND NUMBER: P.O. Box 323
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97639
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+)

PARENT

17. FATHER - NAME first middle last: George Lewis Osborn
18. MOTHER - NAME first middle maiden: Beatrice Josephine Raines
19. INFORMANT - NAME and relationship to deceased: Mary B. Osborn, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, OR 97601
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jerrold A. Davenport
21b. LICENSE NUMBER (Of Licensee): FS-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

REGISTRAR

23. DATE FILED (Month, Day, Year): AUG 26 1996
24. REGISTRAR'S SIGNATURE: Marlene Blevins
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2355 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): F. Geoffrey Marx
30. DATE SIGNED (Month, Day, Year): August 24, 1996

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. 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) Carcinoma Lung — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 1 yr.
(b) Smoking — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 50 yrs
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: AUG 26 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

AUG 28 3:34 '96

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary B. Osborn the 28th day of August A.D., 19 96 at 3:34 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 26680.

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE $10.00

3. Oregon	4. U.S.A.			11. —	12. No		
5a. 541 - 36 - 9136 FT	5b. Widowed				14b. Homemaking		
6a. Oregon	6b. Klamath	6c. Klamath Falls	6d. 915 Worden Ave.		14c. 97601	15a. Yes	
7a. John Canfield		8a. Minnie Peebles			16. Jane Hatfield (Daughter)		
17a. Burial	17b. Wilson Cemetery				18. Chiloquin, Oregon		
19a. Sylvia Hatfield	19b. Ward'e 1945 Main St. Klamath Falls, Oregon 97601						
20. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated.				21b. 3/7/81	21c. 11:03 P M		
21a. Edward T. McClure, M.D., 905 Main St. Suite 200 Klamath Falls, Oregon 97601							
21d.							
22a. MAR 1 8 1981	22b. Registrar						
23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c).)						Interval between onset and death	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c)							
PART II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in PART I (a).				24. No		25. No	
26a. No	26b.	26c.	26d.				
27a. No	27b.	27c.	27d.				

HS-2 (Rev. 1/80)

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By _____, Deputy Registrar

Date MAR 25 1981

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret Crawford the 28th day of August A.D., 19 96 at 3:35 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 26681.

Bernetha G. Letsch County Clerk

By Kathleen Rossi

FEE $10.00

Return: Margaret Crawford
2501 Vine Ave
Klamath Falls, OR 97601