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CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

K-50885

RETURN TO:
Klamath County Title Co.
422 Main St. Klamath Falls, OR 97601

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH 025018361

Vital Records Unit

407 Local File Number

1 DECEDENT'S NAME: First: HOMARD Middle: Last: HOBBS
2 DATE OF DEATH: November 6, 1982
3 RACE: White
4 SEX: Male
5 AGE: 79
6 DATE OF BIRTH: June 12, 1903
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION: West Medical Center
7c IF HOSP, IF NOT, GIVE STREET AND NUMBER: Emer. Rm.
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH: Missouri
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11 SPOUSE: Artie M.
12 WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes
13 SOCIAL SECURITY NUMBER: 573 - 20 - 4301
14 USUAL OCCUPATION: Clerk / Retired
15 KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad
16a RESIDENCE—STATE: Oregon
16b COUNTY: Klamath
16c CITY, TOWN, OR LOCATION: Klamath Falls
16d STREET AND NUMBER OR RURAL ZIP: 3307 Laverne St. 97601
16e INSIDE CITY LIMITS?: No
17 FATHER—NAME: Job Hobbs
18 MOTHER—MAIDEN NAME: Roslie Cummings
19 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Artie M. Hobbs / Wife
20a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
20b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
20c LOCATION (City or Town, State): Klamath Falls, Oregon
21a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature):
21b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
22b Signature of Certifier:
22c DATE SIGNED: November 8, 1982
22d HOUR OF DEATH: 11:20 Am
23a NAME AND ADDRESS OF CERTIFIER: Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601
23b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:
24a DATE RECEIVED BY REGISTRAR: NOV 9 1982
24b REGISTRAR:
24c Signature of Registrar:

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

PART I
(a) IMMEDIATE CAUSE: Acute myocardial infarction — Interval between onset and death: 10 min
(b) DUE TO, OR AS A CONSEQUENCE OF: ASHD — Interval between onset and death: 10 yrs
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given on PART I (a)

25 AUTOPSY (Specify Yes or No): No
26 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
27 ACCIDENT (Specify Yes or No): No
28 DATE OF INJURY
29 HOUR OF INJURY
30 DESCRIBE HOW INJURY OCCURRED
31 INJURY AT WORK (Specify Yes or No)
32 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
33 LOCATION: STREET OR RFD NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

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 23 1997

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 1st day of July A.D., 19 97 at 11:10 o'clock A. M., and duly recorded in Vol. M97, of Deeds on Page 20417.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Rose