CERTIFICATION OF VITAL RECORD

193781
I.D. TAG NO.
Local File Number

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

State File Number

1. DECEDENT'S NAME: Leonard Abe CHAMBERS
2. SEX: M
3. DATE OF DEATH: November 26, 1995
4. SOCIAL SECURITY NUMBER: 543-12-0187
5a. AGE: 77
5b. If Under 1 Year: Months Days
5c. If Under 1 Day: Hours Minutes
6. BIRTHPLACE: Eugene, Oregon
7. DATE OF BIRTH: August 31, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No
9. PLACE OF DEATH: Hospital Emergent Dead on Arrival Home Nursing Home Convalescent Home Other
10. FACILITY NAME: St. Charles Hospital
11. CITY, TOWN, OR LOCATION OF DEATH: Bend
12. COUNTY OF DEATH: Deschutes
13. DECEDENT'S USUAL OCCUPATION: Logger
14. KIND OF BUSINESS/INDUSTRY: Timber
15. MARITAL STATUS: Married
16. SPOUSE: Frances Chambers
17. RESIDENCE - STATE: Oregon
18. COUNTY: Klamath
19. CITY, TOWN OR LOCATION: Gilchrist
20. STREET AND NUMBER: HC 32 Box 139
21. INSIDE CITY LIMITS? Yes No
22. ZIP CODE: 97737
23. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes
24. RACE - American Indian, Black, White, etc. (Specify): White
25. DECEDENT'S EDUCATION (Specify only highest grade completed): 9
26. FATHER - NAME: Abe - Chambers
27. MOTHER - NAME: Harriett - Hodge
28. INFORMANT - NAME AND RELATIONSHIP: Frances Chambers - Wife
29. METHOD OF DISPOSITION: Burial Cremation Removal from State Donation Other
30. PLACE OF DISPOSITION: Lane Memorial Gardens
31. LOCATION: Eugene, Oregon
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Chris Marie Moore
33. LICENSE NUMBER: 47-3275
34. NAME, ADDRESS AND ZIP OF FACILITY: Lane Memorial Gardens Funeral Home, 5300 W. 11th, Eugene, OR 97402
35. DATE FILED: November 7, 1995
36. REGISTRAR'S SIGNATURE: Jacqueline Dent-Kelley
37. DID FUNERAL REPRESENTATIVE MAKE INQUIRY FOR SUPPLEMENTAL GPT CONSENT RITES? Yes No
38. WAS GPT MADE? Yes No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

39. TIME OF DEATH: 05:00 PM
40. WAS MEDICAL EXAMINER NOTIFIED? Yes Not
41. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): MD
42. DATE SIGNED: 12/1/95
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): A. Kelly Conrad, M.D., 1301 Medical Center Drive, Bend, OR 97701
44. NAME OF ATTENDING PHYSICIAN OR OTHER HIGH CERTIFICATION (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

45. TIME OF DEATH
46. WAS ENDANGERED DEATH NOTIFIED
47. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
48. DATE SIGNED
49. COUNTY

CONDITIONS IN PART I WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
(a) Respiratory Failure / Adult Respiratory Distress Syndrome
DUE TO, OR AS A CONSEQUENCE OF:
(b) Small Cell Lung Cancer with Extensive Bleeding
DUE TO, OR AS A CONSEQUENCE OF:
(c)
(d)

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.

50. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably Unknown No
51. AUTOPSY? Yes No
52. WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes No Unknown

53. MANNER OF DEATH: Natural Accident Suicide Homicide Pending Investigation Undetermined Manner Legal Intervention Other
54. DATE OF INJURY
55. TIME OF INJURY
56. INJURY AT WORK? Yes No
57. DESCRIBE HOW INJURY OCCURRED
58. PLACE OF INJURY
59. LOCATION

RESERVED FOR FUTURE USE

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED: Dec 7, 1995

FLORENCE ARENT-TORRIGIAN
COUNTY REGISTRAR
DESCHUTES COUNTY, OREGON

DESCHUTES CO. DEPARTMENT OF HEALTH OREGON

NO ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 2nd day of July A.D., 19 97 at 3:18 o'clock p.M., and duly recorded in Vol. M97, of Deeds on Page 20671.

Bernetha G. Letsch, County Clerk

FEE $40.00 By Kathlin Ross