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OREGON HEALTH DIVISION

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

253657 I.D. TAG NO.
280 Local File Number
-138- State File Number

1. DECEDENT'S NAME: First: Charles; Middle: Bertrum; Last: CASTER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 14, 1998
4. SOCIAL SECURITY NUMBER: 557-03-1383
5a. AGE-Last Birthday (Years): 83
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Medford, OR
7. DATE OF BIRTH (Month, Day, Year): January 19, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 4258 Altamont Drive
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Mechanic
10b. KIND OF BUSINESS/INDUSTRY: Automotive Repair
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4258 Altamont Drive ✓
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, or Yes - If Yes, specify Cuban, Mexican/Mexican American/Chicano, Puerto Rican, Other Hispanic, Origin)
15. RACE - American Indian, Black, White, Asian, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 2; College (1-4 or 5+):
17. FATHER - NAME: first, middle, last: Byrd Labon Caster
18. MOTHER - NAME: first, middle, maiden: Majorie May Arnold
19. INFORMANT - NAME and relationship to deceased: Fay Babirácki, Friend
20a. METHOD OF DISPOSITION: ☐ Maus... ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, OR 97601
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH: Pelland L. Davenport
21b. LICENSE NO.: 04-310
21c. NAME AND ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): JUN 15 1998
24. REGISTRAR'S SIGNATURE: Edward J. Grady
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN OR MEDICAL EXAMINER

27. TIME OF DEATH: 0020 AM ☐ Yes ☒ No
28. WAS MEDICAL EXAMINER NOTIFIED?
29. "To the best of my knowledge death occurred at the time, date, place and due to the cause(s) and manner stated." (Signature): Carol Fellows, MD
30. DATE SIGNED (Month, Day, Year): June 15, 1998
31a. "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):
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
31c. DATE SIGNED (Month, Day, Year):
COUNTY
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Carol Fellows, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Saul Silverman, MD

CAUSE OF DEATH

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE.)
PART I (a) Mixed large/small cell Cancer of the rt lung — Interval between onset and death: 2yrs
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (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: Squamous cell CA, Lt lung 1989
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
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

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.

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: JUN 16 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JUN 23 P 3:51

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of _____ the 23rd day of June A.D., 19 98 at 3:51 o'clock P M., and duly recorded in Vol. M98, of Deeds on Page 22004.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Koss