64129

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'98 AUG -7 P3:25

OFFICIAL CERTIFICATE OF VITAL STATISTICS

Local File Number

State File Number

1. DECEDENT'S NAME: Bruce Elder
2. SOCIAL SECURITY NUMBER: 0[illegible]-25-2[illegible]
3. DATE OF DEATH (Month, Day, Year): June 6, 1998
4. AGE (Years): 73
5. SEX: Male
6. DATE OF BIRTH (Month, Day, Year): July 21, 1924
7. PLACE OF BIRTH (State or Country): New York
8. FACILITY NAME (If not institution, give street address or location): Merle West Medical Center
9. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
10. COUNTY OF DEATH: Klamath
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Chief Warrant Officer
12. SPOUSE (If married, widowed or divorced): Madge Henderson
13. RESIDENCE STATE: Oregon
14. COUNTY: Klamath
15. CITY, TOWN, OR LOCATION OF RESIDENCE: Klamath Falls
16. STREET ADDRESS OR NUMBER: 3650 Homedale Road #30
17. INSIDE CITY LIMITS? ☐ Yes ☒ No
18. ZIP CODE: 97603
19. EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2+
20. FATHER'S NAME: Ernest Henderson
21. MOTHER'S MAIDEN NAME: [illegible]
22. INFORMANT: NAME and RELATIONSHIP to deceased: Lue Tarman - Daughter
23. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from state ☐ Donation ☐ Other (Specify)
24. LOCATION (City or Town, State): Klamath Falls, Oregon
25. NAME OF FACILITY: Fairview Home
26. PLACE OF DISPOSITION (Cemetery or crematory name and address): Klamath Falls, OR 97603
27. DATE FILED (Month, Day, Year): JUN 1[illegible]

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

28. TIME OF DEATH
29. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
30. DATE PRONOUNCED DEAD (Month, Day, Year): June 6, 1998
31. To the best of my knowledge, death occurred due to the cause(s) and manner stated. (Signature): [illegible] M.D.M.E.
32. DATE SIGNED (Month, Day, Year): [illegible]
33. COUNTY: Klamath
34. NAME, TITLE, ADDRESS AND ZIP CODE OF PERSON CERTIFYING: Robert Edwards, MD [illegible] St Klamath Falls, Oregon 97603
35. NAME OF ATTENDING PHYSICIAN (If other than certifier): [illegible]

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (STATE THE UNDERLYING CAUSE LAST)

PART I (a) Undetermined Natural Cause — Interval between onset and death: hours
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS: Prior history of M[illegible]

37. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ Unknown ☒ No
38. AUTOPSY? ☐ Yes ☒ No
39. Were findings considered in establishing cause of death? ☐ Yes ☐ No ☐ Not known

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending investigation ☐ Undetermined (Coroner) ☐ Legal intervention
41. DATE OF INJURY (Month, Day, Year)
42. TIME OF INJURY
43. INJURY AT WORK? ☐ Yes ☐ No
44. DESCRIBE HOW INJURY OCCURRED
45. PLACE OF INJURY (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

JUN 1[illegible] 1998

DATE ISSUED

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 7th day of August A.D., 19 98 at 3:25 o'clock P. M., and duly recorded in Vol. M98, of Deeds on Page 29091

Bernetha G. Letsch, County Clerk

By Kathleen Reed

FEE $10.00