

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 218		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)			
First DENNIS		Middle ARNOLD	Last LANIER
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 2B 40 years		D. STREET ADDRESS, RURAL ROUTE, ETC. 2505 Pershing Way	
4. DATE OF DEATH Month Day Year August 1 1965		5. SEX Male	
6. COLOR OR RACE White		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. 541-09-8020		9. USUAL OCCUPATION (Kind of work done during most of life) Timber feller-retired	
10. KIND OF BUSINESS OR INDUSTRY Logging Company's		11. NAME OF SPOUSE Grace A. Lanier	
12. DATE OF BIRTH Month Day Year July 3 1894		13. AGE LAST BIRTHDAY Yrs. Months Days 71	
14. BIRTHPLACE (State or Foreign Country) Oakdale, Louisiana		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. # 1		17. NAME OF FATHER Martin Lanier	
18. MAIDEN NAME OF MOTHER No record		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Grace A. Lanier (Wife)	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Arteriosclerotic Heart disease with failure 6 mo. Conditions, if any, which gave rise to above cause (B), stating the underlying cause last: DUE TO (B): Arteriosclerosis 15 yrs. DUE TO (C): PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I: Diabetes Mellitus 21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25. PLACE OF INJURY (Such as Farm, Home, Street, etc.)		26. TIME OF INJURY Hour Minute 8-1-65	
27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE: I certify that I attended the deceased from or on 7-8-65 to 8-1-65 and that the death occurred at 9:15a. from the cause and on the date stated above. (Signature) R. M. Espensen, M.D. (Title) Klamath Falls, Oregon (Address) 8-2-65 (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Reinterred		30B. DATE 8/4/65	
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park		30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 8-3-65		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm P. Kendall		Klamath Falls, Oregon	

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.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date August 3, 1965

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:
Dennis Arnold Lanier

on this 10th day of August A. D. 19 65
at 2:30 o'clock A. M. and duly
recorded in Vol. 1-65 of Discharges.
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DOROTHY ROGERS, County Clerk

By Deputy.
Fee, None.

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