

DEC 31 1 20 PM 1970 47828 STATE OF OREGON-STATE BOARD OF HEALTH  
Vital Statistics Section  
CERTIFICATE OF DEATH

DECEASED NAME: First Middle Last  
Curt Lion

1. RACE: White, Negro, American Indian, etc. (specify) White  
2. SEX: male  
3. AGE: 76  
4. DATE OF BIRTH (month, day, year): 2 December 25, 1970  
5. COUNTY OF DEATH: Klamath  
6. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls  
7. SOCIAL SECURITY NUMBER: 542-38-7562  
8. CITIZEN OF WHAT COUNTRY: USA  
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Department Store Owner  
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED  
11. DATE OF MARRIAGE (month, day, year): October 11, 1994  
12. RESIDENCE-STATE: Oregon  
13. CITY, TOWN, OR LOCATION: Klamath Falls  
14. DEPARTMENT: 1505 Pacific Terrace  
15. FATHER-NAME: Jacob Lion  
16. MOTHER-NAME: Julie Phillips  
17. INFORMANT-NAME and relationship to deceased: Marianne Well daughter  
18. DEATH WAS CAUSED BY: (a) immediate cause (b) due to, or as a consequence of (c) underlying cause (list)  
ACUTE MYOCARDIAL INFARCTION  
HYPERTENSIVE HEART DISEASE  
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PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)  
1. ACCIDENT (specify yes or no) NO  
2. INJURY AT WORK (specify yes or no) NO  
3. CERTIFICATION- (a) I attended the deceased from: 12-25-70 (b) I attended the deceased from: 12-25-70 (c) And last saw him/her alive: 12-25-70 (d) DEATH OCCURRED at the place, on the date, and, to the best of my knowledge, at the edge of due to the cause(s) stated: 1:30 AM  
21. PHYSICIAN-SIGNATURE: ROBERT E. HOWARD, M.D. degree of title: M.D. DATE SIGNED (month, day, year): DEC 28 1970  
22. MAILING ADDRESS- PHYSICIAN: 613 Medical Dental Bldg. Klamath Falls, Oregon 97601  
23. BURIAL, CREMATION, REMOVAL: (a) MAJOR (specify) Burial (b) CEMETERY OR CREMATORY-NAME: Eternal Hills (c) LOCATION: Klamath Falls, Oregon (d) DATE (month, day, year): DEC 28, 1970  
24. FUNERAL DIRECTOR-SIGNATURE: O'Hair's Funeral Chapel Klamath Falls Oregon  
25. REGISTER-SIGNATURE: (a) DATE RECEIVED BY LOCAL REGISTRAR: DEC 28 1970 (b) DATE RECEIVED BY STATE REGISTRAR: 27  
26. RESERVED FOR REGISTRAR'S USE

VS 2 R-69

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.

NEIL BLACK, M.D., Registrar Vital Statistics

By: Marianne Well, Deputy Registrar  
Date: DEC 29 1970

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of J. Anthony Giacomini

this 31st day of Decembbrr A.D., 19.70 at 1:28 o'clock P.M., and duly recorded in Vol. M70 of Deads on Page 11500

Fee \$1.50

32 WM. D. MILNE, County Clerk  
By: Cynthia Apple

STATE OF OREGON,  
County of Klamath  
before me, the undersigned, a Notary Public in and for the State of Oregon, do hereby certify that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

To Have and to assign, for his second part, that the said assign the same as aforesaid and Mortgage the sum of with interest from the Witness their hands