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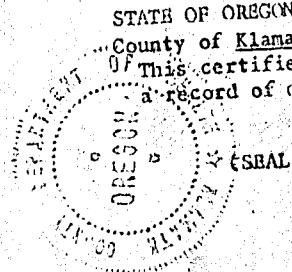
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CERTIFICATE OF DEATH

STATE OF OREGON-STATE BOARD OF HEALTH  
Vital Statistics Section

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DECEASED		Local File Number		First		Middle		Last		State File Number	
1. DECEASED-NAME		GEORGE		BYRON		MYERS				DATE OF DEATH (month, day, year)	
2. SEX		Male		AGE-Last birthday (years)		Under 1 year		Under 1 day		DATE OF BIRTH (month, day, year)	
3. RACE		White		4. CITY, TOWN, OR LOCATION OF BIRTH		5. CITY, TOWN, OR LOCATION OF DEATH		6. HOSPITAL, NURSING HOME, OR OTHER INSTITUTION-NAME		7. DATE OF DEATH (month, day, year)	
8. COUNTY OF BIRTH		Klamath		9. CITY, TOWN, OR LOCATION OF BIRTH		10. CITY, TOWN, OR LOCATION OF DEATH		11. MARRIED, DIVORCED, OR SEPARATED		12. NAME OF DECEASED	
13. STATE OF BIRTH		Oregon		14. U.S.A.		15. MARRIED, DIVORCED, OR SEPARATED		16. DATE OF MARRIAGE (month, day, year)		17. NAME OF SPOUSE	
18. SOCIAL SECURITY NUMBER		12-512-16-2739		19. USUAL OCCUPATION (give kind of work, not of words)		20. USUAL OCCUPATION (give kind of work, not of words)		21. USUAL OCCUPATION (give kind of work, not of words)		22. USUAL OCCUPATION (give kind of work, not of words)	
19. RESIDENCE-STATE		Oregon		20. COUNTY		21. CITY, TOWN, OR LOCATION		22. CITY, TOWN, OR LOCATION		23. CITY, TOWN, OR LOCATION	
24. FATHER-NAME		George Washington Myers		25. MOTHER-NAME		Mildred Ann Myers		26. DORA MYERS (Wife)		27. DORA MYERS (Wife)	
28. DEATH WAS CAUSED BY:		Immediate cause		31. DUE TO, OR AS A CONSEQUENCE OF:		32. DUE TO, OR AS A CONSEQUENCE OF:		33. DUE TO, OR AS A CONSEQUENCE OF:		34. DUE TO, OR AS A CONSEQUENCE OF:	
35. PART I. OTHER SIGNIFICANT CONDITIONS:		Condition contributing to death but not related to cause given in Part I (a), (b), and (c)		36. PART II. OTHER SIGNIFICANT CONDITIONS:		Condition contributing to death but not related to cause given in Part I (a), (b), and (c)		37. PART II. OTHER SIGNIFICANT CONDITIONS:		Condition contributing to death but not related to cause given in Part I (a), (b), and (c)	
38. CAUSE		Accident		39. DATE OF INJURY		40. DATE OF INJURY		41. DATE OF INJURY		42. DATE OF INJURY	
43. INJURY AT WORK		Yes		44. PLACE OF INJURY		45. PLACE OF INJURY		46. PLACE OF INJURY		47. PLACE OF INJURY	
48. CERTIFICATION		M.D.		49. NAME (type or print)		50. NAME (type or print)		51. NAME (type or print)		52. NAME (type or print)	
53. PHYSICIAN-SIGNATURE		Earle M. Levenson		54. PHYSICIAN-SIGNATURE		Earle M. Levenson		55. PHYSICIAN-SIGNATURE		Earle M. Levenson	
56. FATALITY		Yes		57. FATALITY		Yes		58. FATALITY		Yes	
59. BUREAU		Yes		60. BUREAU		Yes		61. BUREAU		Yes	
62. RESERVED FOR REGISTRAR'S USE		Yes		63. RESERVED FOR REGISTRAR'S USE		Yes		64. RESERVED FOR REGISTRAR'S USE		Yes	



STATE OF OREGON, COUNTY OF KLAMATH: ss.  
DORA M. MYERS  
Filed for record at request of \_\_\_\_\_  
this 17 day of August A. D., 1971, at 2:26 o'clock P.M., and duly recorded in  
Vol. M 71 of DEEDS on Page 8612  
Fee \$1.50  
By Hazel Brazil  
WM. D. MILNE, County Clerk

whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, mortgages, pledges, hypothecations, bills of lading, bills, bond, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my said attorney in his discretion shall deem to be for my best interests; to have access to any safety deposit box which has been rented in my name, or in the name of myself and any other persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order, to withdraw any moneys deposited in my name with any bank and generally to do any business with any bank or banker on my behalf.

GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or my attorney's substitute shall lawfully do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 17<sup>th</sup> day of August, 1971.

Gertrude M. Nelson  
Gertrude M. Nelson

Executed in the Presence of

Robert R. Beardsley

Joan Graves

1873 Park Row, N.E.

2501 Montelius St.

POWER OF ATTORNEY  
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