

28-4864

CERTIFICATE OF DEATH

State File Number **5808**

Local File Number **80**

DECEASED: **ROY** **FLORIN**

1. RACE: White, Male
2. DATE OF BIRTH: March 4, 1913
3. COUNTY OF BIRTH: Klamath
4. CITY, TOWN, OR LOCATION OF BIRTH: Klamath Falls
5. AGE: 60 years
6. DATE OF DEATH: May 7, 1973
7. SEX: Male
8. US. A. CITIZENSHIP: U.S.A.
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: Married
10. NAME OF SPOUSE: Ethel L. Florin
11. NAME OF DECEASED: Ethel L. Florin
12. SOCIAL SECURITY NUMBER: 513-10-1157
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Turbine operator
14. RESIDENCE-STATE: Oregon
15. CITY, TOWN, OR LOCATION: Klamath Falls
16. STREET AND NUMBER OR R.F.D.: Saw Hills
17. INFORMATION: NAME and relationship to deceased: Ethel L. Florin (wife)
18. DEATH WAS CAUSED BY: (a) Immediate cause: **Cardiac failure**
(b) due to, or as a consequence of: **Coronary artery disease, hypertension, cadaveric**
(c) due to, or as a consequence of: **Ischemic heart disease**
19. AUTOPSY: No
20. DATE OF INJURY: 20c. DATE OF INJURY: 20c. HOUR: 20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18):
21. INJURY AT WORK: 21c. PLACE OF INJURY: 21c. LOCATION (street or R.F.D. No., city or town, county, state):
22. CERTIFICATION: 22c. month: 22c. day: 22c. year: 22c. hour: 22c. minute: 22c. second: 22c. DEATH OCCURRED: 22c. at the place on the day and, to the best of my knowledge, effect of any known cause of death: 22c. 6:25 a.m. 22c. 3-5-73
23. PHYSICIAN-SIGNATURE: 23c. NAME (type or print): 23c. M.D.: 23c. degree or title: 23c. DATE SIGNED (month, day, year):
24. MAILING ADDRESS-PHYSICIAN: 24c. STREET: 24c. CITY OR TOWN: 24c. STATE: 24c. ZIP:
25. BIRTHAL, CREMATION, REMOVAL, 25c. CEMETERY OR CREMATION-NAME: 25c. LOCATION: 25c. CITY OR TOWN: 25c. STATE: 25c. ZIP:
26. FUNERAL DIRECTOR-SIGNATURE: 26c. NAME (type or print): 26c. ADDRESS: 26c. CITY OR TOWN: 26c. STATE: 26c. ZIP:
27. REGISTRAR-SIGNATURE: 27c. NAME (type or print): 27c. ADDRESS: 27c. CITY OR TOWN: 27c. STATE: 27c. ZIP:
28. RESERVED FOR REGISTRAR'S USE: 28c. DATE RECEIVED BY LOCAL REGISTRAR: 28c. DATE RECEIVED BY STATE REGISTRAR:

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.



VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marion L. Berman, Deputy Registrar
Date MAY 8 1973

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSAMERICA TITLE INS. CO
this 11th day of May A.D., 1973 at 10:19 o'clock A M., and duly recorded in
Vol. M 73 of DEEDS on Page 5808

FEE \$ 2.00

WM. D. MILNE, County Clerk

By Wagel D. Dugan

At: Dugan Road
1213 noon
7/5