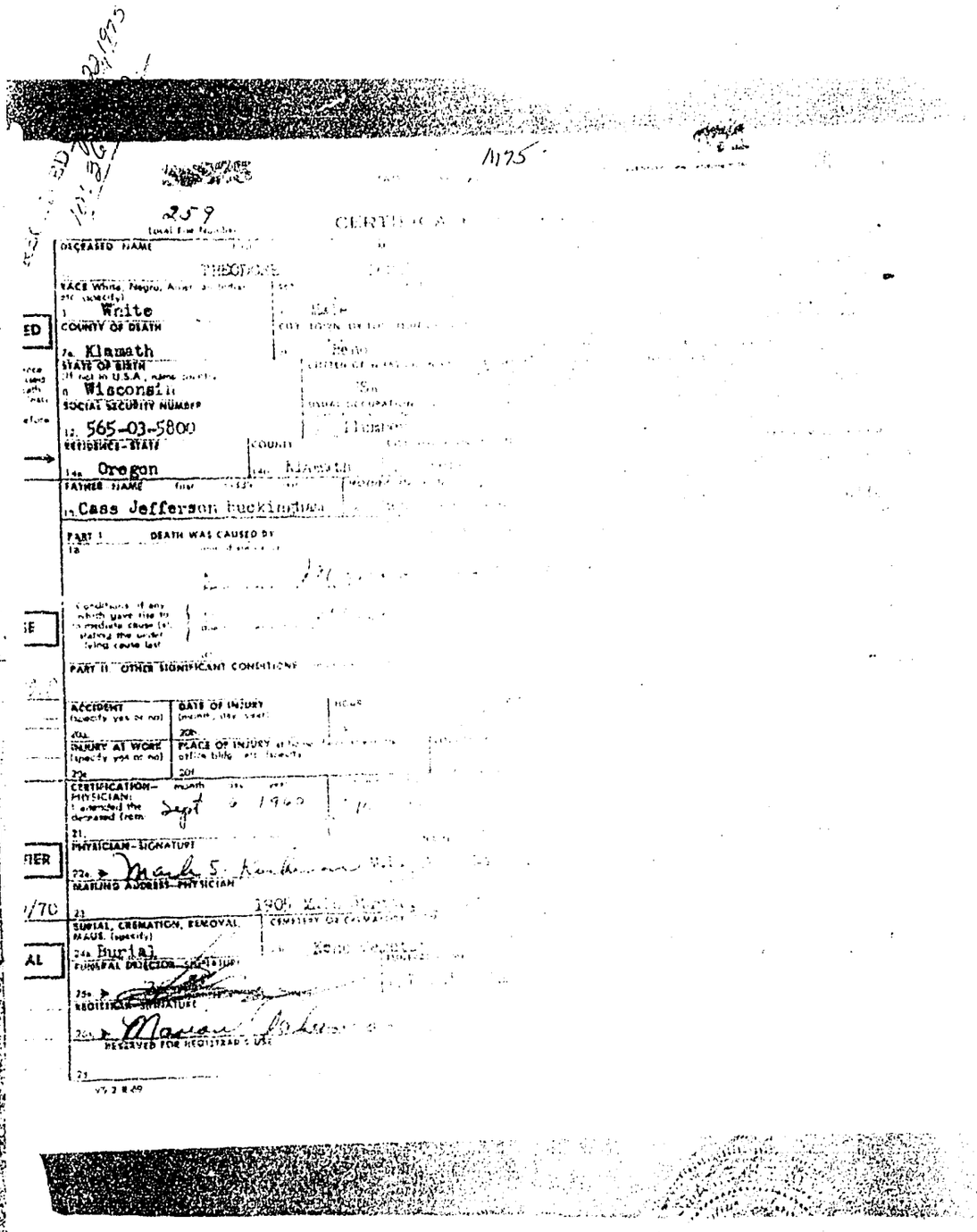

259

CERTIFICATE

DECEASED NAME

PHYSICIAN

1 RACE White, Negro, Amer. Ind., etc. (specify) White

2 COUNTY OF DEATH Klamath

3 STATE OF BIRTH (If not in U.S.A., name country) Wisconsin

4 SOCIAL SECURITY NUMBER 565-03-5800

5a RESIDENCE-STATE Oregon

5b COUNTY Klamath

6 FATHER NAME First Middle Last Cass Jefferson Buckingham

PART I DEATH WAS CAUSED BY

18 Immediate cause (a)

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last (b)

PART II OTHER SIGNIFICANT CONDITIONS

ACCIDENT (specify yes or no) 20a

DATE OF INJURY (month, day, year) 20b

INJURY AT WORK (specify yes or no) 20c

PLACE OF INJURY (at home, farm, office bldg., etc. specify) 20d

CERTIFICATION—PHYSICIAN: I attended the deceased from Sept 9 1969

21 PHYSICIAN—SIGNATURE

22a ▶ Mark S. Kuntz

MAILING ADDRESS—PHYSICIAN 1900 [illegible]

23 CEMETERY OR CREMATORY

SURIAL, CREMATION, REMOVAL MAUS. (specify) 24a Burial

FUNERAL DIRECTOR—SIGNATURE

25a ▶

REGISTRAR—SIGNATURE

26a ▶ Marian Parker

RESERVED FOR REGISTRAR'S USE

27

VS 2 8-69

DATE ISSUED Jan. 14 1975

STATE OF OREGON, COUNTY OF MULTNOMAH)SS
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Return to:
Monniette Gardner
Box 96
Keno, Ore. 97627

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Monniette Gardner

this 22nd day of January A. D., 19 75 at 10:36 o'clock A. M., and duly recorded in Vol. M 75, of Deeds on Page 971

WM. D. MILNE, County Clerk

Fee 2.00

By _____ Deputy