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STATE OF OREGON—HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

DECEASED NAME: JOHN D. MERRIMAN		DATE OF DEATH (month, day, year): March 13, 1976	
RACE: White	SEX: Male	AGE: 68	DATE OF BIRTH (month, day, year): October 25, 1907
CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	CITIZEN OF WHAT COUNTRY: USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	HOSPITAL OR OTHER INSTITUTION NAME: Providence Hospital
STATE OF BIRTH: Ohio	USUAL OCCUPATION (type and kind of work done during most of working life, even if retired): Sales - retired	KIND OF BUSINESS OR INDUSTRY: Business Administration	NAME OF SPOUSE: Helen H. Sawyer
SOCIAL SECURITY NUMBER: 110-09-4730	CITY, TOWN, OR LOCATION: Klamath Falls	STREET AND NUMBER OR R.F.D.: 232 Garden	
RESIDENCE-STATE: Oregon	COUNTY: Klamath		
FATHER NAME: Leroy F. Sawyer	MOTHER Maiden Name: Jessamine - Pike	INFORMANT NAME and relationship to decedent: Helen H. Sawyer (Wife)	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)			
18. Immediate Cause: Myocardial Infarction			
19. Due to, or as a consequence of: Coronary Artery Disease			
20. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)			
21. ACCIDENT (specify yes or no): No			
22. DATE OF INJURY (month, day, year): March 13, 1976			
23. HOUR: 12:30 P.M.			
24. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Home			
25. LOCATION (street or R.F.D. No., city or town, county, state): Klamath Falls, Oregon			
26. CERTIFICATION—PHYSICIAN: I attended the deceased from: March 13, 1976 to March 13, 1976			
27. PHYSICIAN'S SIGNATURE: John D. Merriman, M.D.			
28. NAME (type or print): John D. Merriman, M.D.			
29. MAILING ADDRESS—PHYSICIAN: 303 Pine Street, Klamath Falls, Oregon 97601			
30. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation			
31. CEMETERY OR CREMATORY—NAME: Eternal Hills			
32. LOCATION: Klamath Falls, Oregon			
33. FUNERAL HOME—NAME AND ADDRESS: Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601			
34. DATE RECEIVED BY LOCAL REGISTRAR: MAR 15 1976			
35. DATE RECEIVED BY STATE REGISTRAR: MAR 24 1976			
36. REGISTRAR'S SIGNATURE: Marion M. Math			
37. NAME (type or print): Marion M. Math			
38. RESERVED FOR REGISTRAR'S USE			

DATE ISSUED APRIL 7 1976

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.

) STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of April, 19 76 at 11:41 o'clock A M., and duly recorded in Vol. M 76 of DEEDS on Page 5426.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Harold Dray Deputy