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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

76 NOV 2 PM 3 41

Vol. 76 Page 17414

DECEASED

Local File Number: 21079
First: LEONARD
Middle: JUPINSKI
Last: JUPINSKI

DATE OF DEATH (month, day, year): 2 July 5, 1976

1. RACE: White
2. SEX: Male
3. AGE (last birthday (year)): 72
4. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
5. COUNTY OF DEATH: Klamath Falls
6. STATE OF BIRTH (if not in U.S.A., name country): Klamath Falls
7. SOCIAL SECURITY NUMBER: 537-16-9123
8. USUAL OCCUPATION (give kind of work done during most of working life, or if retired): Ranching
9. CITIZEN OR WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Mary Lupinski
12. KIND OF BUSINESS OR INDUSTRY: Ranching
13. STREET AND NUMBER OR R.F.D.: 5156 Harlan Drive
14. CITY, TOWN, OR LOCATION: Klamath Falls
15. INFORMATION - NAME and relationship to deceased: Mary Lupinski (Wife)

16. FATHER'S NAME: Jacob - Lupinski
17. MOTHER'S NAME: Stephanie - Kleschleski
18. PART I. DEATH WAS CAUSED BY: (a) Head failure (b) Embolism of brain (c) Chronic alcoholism (d) 30 yrs (e) 1 yr (f) 12 hrs

19. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) (b) (c) (d) (e) (f)

20. ACCIDENT: (Specify yes or no) 20a. DATE OF INJURY: 11-21-64 20b. HOUR: 7-5-76 20c. HOW INJURY OCCURRED (state nature of injury in Part I or Part II, item 18): And last saw him/her alive 7-5-76 20d. DEATH OCCURRED (hour) 6:50 P. M. (date, month, day, year) 7-6-76

21. CERTIFICATION - (month, day, year) 21a. DATE OF INJURY: 11-21-64 21b. HOUR: 7-5-76 21c. HOW INJURY OCCURRED (state nature of injury in Part I or Part II, item 18): And last saw him/her alive 7-5-76 21d. DEATH OCCURRED (hour) 6:50 P. M. (date, month, day, year) 7-6-76

22. PHYSICIAN'S SIGNATURE: [Signature] 22a. NAME (type or print): Mark S. Kocikowat, M.D. 22b. DEGREE OR TITLE: M.D. 22c. DATE SIGNED (month, day, year): 7-6-76

23. BIRTHAL, CREATION, REMOVAL: 23a. CITY, TOWN, OR LOCATION: 1905 Main Street, Klamath Falls, Oregon 97601 23b. CITY, TOWN, OR LOCATION: Klamath Falls, Oregon 97601 23c. DATE RECEIVED BY LOCAL REGISTRAR: 2 July 8, 1976

24. FUNERAL HOME - NAME AND ADDRESS: 24a. NAME: [Signature] 24b. ADDRESS: [Signature] 24c. DATE RECEIVED BY LOCAL REGISTRAR: 6/19/76

25. REGISTRAR'S SIGNATURE: [Signature] 25a. NAME: [Signature] 25b. ADDRESS: [Signature] 25c. DATE RECEIVED BY STATE REGISTRAR: 6/19/76

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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 Marian J. [Signature] Deputy Registrar
Date JUL 6 1976

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of NOVEMBER A.D., 1976 at 3:41 o'clock P. M., and duly recorded in Vol. M 76 of DEEDS on Page 17414.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Hazel [Signature] date