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STATE OF OREGON—STATE HEALTH DIVISION
Vital Statistics Section

395 Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First: MARK	Middle: EVERETT	Last: COMFORT				2. DATE OF DEATH (month, day, year): November 7, 1976	
3. RACE White, Negro, American Indian, etc. (specify): Negro	4. SEX: Male	5a. AGE—last birthday (years): 42	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.		6. DATE OF BIRTH (month, day, year): February 6, 1934	
DECEASED	7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity	DOA		
Usual residence where deceased lived. If death occurred in institution, give residence before admission.	8. STATE OF BIRTH (if not in U.S.A., name of country): Oklahoma	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Gloria A. Comfort			
	12. SOCIAL SECURITY NUMBER: 558 - 40 - 2984	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Youth Councilor		13b. KIND OF BUSINESS OR INDUSTRY: Klamath County			
	14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Sprague River	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR RFD: No numbers - Box # 305		
	15. FATHER—NAME first middle last: Pratt - Comfort	16. MOTHER—Maiden Name first middle last: Lee - Mays		17. INFORMANT—Name and relationship to deceased: Gloria Comfort (Wife)			

MEDICAL INVESTIGATOR

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — approximate interval between onset and death

1. 18. Immediate Cause (a): Multiple gunshot wounds chest & abdomen — minutes
2. due to, or as a consequence of (b):
3. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to or as a consequence of (c):

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

19a. AUTOPSY (yes or no): Yes	19b. IF YES were findings considered in determining cause of death: No

20a. DATE OF INJURY (month, day, year): Nov. 6, 1976	20b. HOUR: about 11:30 PM	20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Gun shot wounds by assailant
20d. INJURY AT WORK (specify yes or no): No	20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Home	20f. LOCATION (street or R.F.D. No., city or town, county, state): 2 Mi. N.W. of Flying R Ranch, near Sprague River, Kla., Ore.

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

DEATH OCCURRED (hour): DOA 21a. 1:30 A. M.	THE DECEDENT WAS PRONOUNCED DEAD month / day / year / hour: 21b. Nov. 7 1976 1:30 A. M.	FROM: Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined ☐ Pending ☐ 21c.

CERTIFIER

22a. CERTIFIER—SIGNATURE: Veldon C. Boge M.D.	22b. NAME—(type or print) Degree or Title: Veldon C. Boge, M.D.
23. MEDICAL INVESTIGATOR: FOR: Klamath COUNTY	DATE SIGNED (month, day, year): November 26, 1976

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: Eternal Hills	24c. LOCATION city or town state: Klamath Falls, Oregon	24d. DATE (month, day, year): Nov. 10, 1976
25. FUNERAL DIRECTOR—SIGNATURE: [signature]	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Beard's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601		
26a. REGISTRAR—SIGNATURE: Marian C. Sherman	26b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 29, 1976	27. DATE RECEIVED BY STATE REGISTRAR: Gloria A. Comfort	

RESERVED FOR REGISTRAR'S USE 28

VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

2017 - Cynthia K. Dahlke

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 C. Sherman Deputy Registrar
Date NOV 29 1976 19

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 1st day of DECEMBER A.D., 19 76 at 8:33 o'clock A M., and duly recorded in Vol M 76 of DEEDS on Page 19258.

FEE $ 3.00

WM. P. MILNE, County Clerk

By Hazel Deputy