47468 '78 MAY 4 AM 11 42

94
Local File Number

CERTIFICATE OF DEATH

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State File Number

1 Deceased—Name (First, Middle, Last)	Lester Marvin Moore
2 Date of Death	March 16, 1978
3 Race	White
4 Sex	Male
5a Age—Last birthday (years)	67
6 Date of Birth	September 3, 1910
7a County of Death	Klamath
7b City, Town or Location of Death	Klamath Falls
7c Hospital or Other Institution—Name	Pres. Intercomm. Hospt.
7d If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	D.O.A.
8 State of Birth	Oregon
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced	Married
11 Spouse	Georgia L. Moore
12 Was Decedent Ever in U.S. Armed Forces?	No
13 Social Security Number	540-44-2803
14a Usual Occupation	Farmer
14b Kind of Business or Industry	Farming
15a Residence—State	Oregon
15b County	Klamath
15c City, Town, or Location	Merrill
15d Street and Number or R.F.D., Zip	Falvey Rd. 97633
15e Inside City Limits	No
16 Father—Name	Miles Lester Moore
17 Mother—Maiden Name	Pearl Elva Haskins
18 Informant—Name and relationship to deceased	Georgia Lucille Moore, Wife
19a Burial, Cremation, Removal, Maus.	Burial
19b Cemetery or Crematory—Name	Merrill I.O.O.F. Cemetery
19c Location (City or town, State)	Merrill, Oregon
20a Funeral Service Licensee or Person Acting As Such (Signature)	[signature]
20b Name and Address of Facility	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	[signature]
21b Date Signed	Mar 18 78
21c Hour of Death	1:10 P. M
21d Name and Address of Certifier	Raymond Tice M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601
21e Name of Attending Physician if Other Than Certifier	
22a Date Received by Registrar	MAR 20 1978
22b Registrar (Signature)	[signature]

23 PART I (a) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Myocardial hypoxia — Interval between onset and death: Minutes

(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary artery sclerosis & Angina — Interval between onset and death: Many Yrs

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: Years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 Autopsy	No
25 Was Case Referred to Medical Examiner or Coroner	Yes
26a Accident	
26b Date of Injury	
26c Hour of Injury	M
26d Describe How Injury Occurred	
26e Injury at Work	
26f Place of Injury	
26g Location (Street or R.F.D. No., City or Town, State)	

RESERVED FOR REGISTRAR'S USE

Return
Parks & Ratliff
207 Boivin Bldg.
K. Falls

VS-2 Rev-1-78 P-65412

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By [signature] Deputy Registrar

Date MAR 20 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

ck 302

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 4th day of May A.D., 19 78 at 11:42 o'clock A M., and duly recorded in Vol. M78 of Deeds on Page 8973.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy