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CERTIFICATE OF DEATH

DECEASED—NAME: Price	DATE OF DEATH (month, day, year): September 9, 1978
RACE: Negro; SEX: Male; AGE—Last birthday (years): 83	DATE OF BIRTH (month, day, year): March 14, 1895
COUNTY OF DEATH: Klamath; CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls; HOSPITAL OR OTHER INSTITUTION—NAME: Washburn Manor	IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
STATE OF BIRTH: Mississippi; CITIZEN OF WHAT COUNTRY: USA; MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	SPOUSE (IF MARRIED, WIDOWED): Leola Price; WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
SOCIAL SECURITY NUMBER: 526 - 01 - 8876; USUAL OCCUPATION: Logger - Retired	KIND OF BUSINESS OR INDUSTRY: Woods
RESIDENCE—STATE: Oregon; COUNTY: Klamath; CITY, TOWN, OR LOCATION: Klamath Falls	STREET AND NUMBER OR R.F.D.: 605 Commercial; ZIP: 97601; Inside City Limits (specify yes or no): Yes
FATHER—NAME: — ; MOTHER—MAIDEN NAME: —	INFORMANT—NAME and relationship to deceased: Leola Price (Wife)
BURIAL, CREMATION, REMOVAL: Burial-Removal; CEMETERY OR CREMATORY—NAME: Greenwood Memorial Park	LOCATION: Phoenix, Arizona
FUNERAL SERVICE LICENSEE: [signature]; NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601	
CERTIFIER (Signature): [signature] M.D.; DATE SIGNED (Mo., Day, Yr.): 9/11/78	HOUR OF DEATH: 2:55 A. M
NAME AND ADDRESS OF CERTIFIER: William A. Bartlett, M.D., 2860 Daggett Street, Klamath Falls, Oregon 97601	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:	
DATE RECEIVED BY REGISTRAR: SEP 11 1978	REGISTRAR (Signature): [signature]

CAUSE		Interval between onset and death
PART I (a) IMMEDIATE CAUSE	Ventricular arrhythmia	seconds
(b) DUE TO, OR AS A CONSEQUENCE OF	Generalized arteriosclerotic vascular disease	4 years
(c) DUE TO, OR AS A CONSEQUENCE OF		
PART II OTHER SIGNIFICANT CONDITIONS	Diabetes Mellitus	

AUTOPSY (Specify Yes or No): No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No

RESERVED FOR REGISTRAR'S USE

Leola Price

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 Services.

MARJORIE S. COMER, Registrar Vital Statistics

(SEAL)

[signature] Deputy Registrar

Date SEP 11 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of September A.D., 1978 at 3:42 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 21498

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00