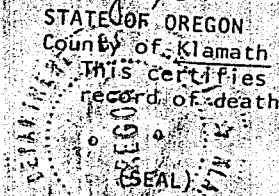


# CERTIFICATE OF DEATH

Vol. 78 Page 25175

DECEASED - NAME (First, Middle, Last)		J. B. HORSLEY		State File Number	
RACE (White, Black, American Indian, etc. (specify))		SEX	AGE - Last birthday (Years)	DATE OF DEATH (month, day, year)	
3 White		4 Male	5a 64	2 November 4, 1978	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath		7b Klamath Falls		6 June 7, 1911	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)	
8 New Mexico		9 USA		7c Presbyterian Intercommunity	
SOCIAL SECURITY NUMBER		MARITAL STATUS (Married, Never Married, Widowed, Divorced (specify))		SPOUSE (If married, widowed)	
13 542 - 12 - 5083		10 Married		11 Lela C. Horsley	
RESIDENCE - STATE		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
15a Oregon		14a Carpenter - Retired		14b Construction	
FATHER - NAME (first, middle, last)		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D. NO.	
15b Klamath		15c Bonanza		15d Rt. 1 - Box 286	
MOTHER - Maiden Name (first, middle, last)		INFORMANT - NAME and relationship to deceased		LOCATION (city or town, state)	
16 Benjamin - Horsley		17 Martha - Joyner		18 Lela C. Horsley (Wife)	
BURIAL, CREMATION, REMOVAL, MAUS (specify)		CEMETERY OR CREMATORY - NAME		19c Klamath Falls, Oregon 97601	
19a Cremation		19b Eterna Hills Crematorium			
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		NAME AND ADDRESS OF FACILITY		20b Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601	
20a [Signature]		20c [Signature]		DATE SIGNED (Mo., Day, Yr.)	
		21a [Signature]		21b 11 - 6 - 78	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21c 1:00 P. M.		HOUR OF DEATH	
21d David D. Reeger, M.D., 1900 Main Street, Klamath Falls, Oregon 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a 10/19/78		22b [Signature]			
PART I IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) Cardiac Arrhythmia				Interval between onset and death	
(b) Pulmonary Myocardial Infarction				Days	
(c) Acute Aortic Dissection				Years	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				Interval between onset and death	
II				Days	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
23a	23b	23c	23d	24 No	25 No
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE	
24a	24b		24c	24d	
RESERVED FOR REGISTRAR'S USE					

Ret. Lela C. Horsley  
Rt. 1 - Box 286  
Bonanza, Ore.



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.

MARIAN ACKERMAN, Registrar Vital Statistics  
By [Signature] Deputy Registrar  
Date: NOV 7 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY 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 8th day of November A.D., 1978 at 1:21 o'clock P. M., and duly recorded in Vol M78 of Deeds on Page 25175.

FEE \$3.00

WM. D. MILNE, County Clerk  
By [Signature] Deputy