

CERTIFICATE OF DEATH

State File Number

Local File Number

DATE OF DEATH (month, day, year)
2 March 25, 1979DATE OF BIRTH (month, day, year)
6 September 9, 1905

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| DECEASED—NAME First Middle Last Tony G. Strop | | DATE OF DEATH (month, day, year) 2 March 25, 1979 | |
| RACE White, Black, American Indian, etc. (specify) White | | SEX Male | AGE—Last birthday (years) 73 |
| COUNTY OF DEATH 7a Klamath | | CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls | |
| STATE OF BIRTH (if not in U.S.A., name country) Missouri | | CITIZEN OF WHAT COUNTRY 9 U.S.A. | |
| SOCIAL SECURITY NUMBER 13 558-14-6325 | | USUAL OCCUPATION (give kind of work shown during most of working life, even if retired) 14a Cattle Rancher | |
| RESIDENCE—STATE 15a Oregon | | COUNTY 15b Klamath | CITY, TOWN, OR LOCATION 15c Klamath Falls |
| FATHER—NAME first middle last 16 Frank Strop | | MOTHER—Maiden Name first middle last 17 Frances King | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial | | CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens | |
| FUNERAL SERVICE LICENSEE Or person performing As Such (Signature) 20a <i>M. O'Hair</i> | | NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601 | |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Everett E. Howard</i> | | DATE SIGNED (Mo., Day, Yr.) 21b 3/26/79 | |
| CERTIFIER—NAME AND TITLE (Type or print) 21d Everett E. Howard M.D. | | MAILING ADDRESS (Street, city or town; state, zip) 21c 7:00 P. M | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a MAR 27 1979 | |
| IMMEDIATE CAUSE PART I (a) METASTATIC PROSTATIC CARCINOMA | | REGISTRAR 22b (Signature) <i>Marian Ackerman</i> | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death 12 hours | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) LUNG CANCER | | AUTOPSY (Specify Yes or No) 24 No | |
| ACCIDENT (Specify Yes or No) 26a | | WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) No | |
| DATE OF INJURY (Mo., Day, Yr.) 26b | | HOUR OF INJURY 26c M | |
| PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f | | DESCRIBE HOW INJURY OCCURRED 26d | |
| INJURY AT WORK (Specify Yes or No) 26e | | LOCATION 26g | |
| STREET OR R.F.D. NO. CITY OR TOWN STATE | | | |

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Marian Ackerman* Deputy Registrar
Date MAR 27 1979

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 4th day of April A.D., 1979 at 11:22 o'clock A M., and duly recorded in Vol. M79, of Deeds on Page 7376.

FEE \$3.00

WM. D. MILNE, County Clerk
By *Bernetha J. Hetsch* Deputy