STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

M Vol. 79 Page 12778

68246 181 (Local File Number) — State File Number

CERTIFICATE OF DEATH

DECEASED—NAME: 1 First: Marvin; Middle: Marion; Last: BISHOP

DATE OF DEATH (month, day, year): 2 May 29, 1979

RACE (White, Black, American Indian, etc.—specify): 3 White

SEX: 4 Male

AGE—Last birthday (years): 5a 73

Under 1 year: 5b mos. days

Under 1 day: 5c hours min.

DATE OF BIRTH (month, day, year): 6 August 14, 1906

COUNTY OF DEATH: 7a Klamath

CITY, TOWN OR LOCATION OF DEATH: 7b Crescent

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 7c Main Street

7d —

STATE OF BIRTH (If not in U.S.A., name country): 8 Mississippi

CITIZEN OF WHAT COUNTRY: 9 USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married

SPOUSE (IF MARRIED, WIDOWED): 11 Edith

SOCIAL SECURITY NUMBER: 13 425 14 7106

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Carpenter

KIND OF BUSINESS OR INDUSTRY: 14b Construction

RESIDENCE—STATE: 15a Oregon

COUNTY: 15b ~~Crescent~~ Klamath

CITY, TOWN OR LOCATION: 15c ~~Crescent~~ Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: 15d Main Street 97733

Inside City Limits (specify yes or no): 15e Yes

FATHER—NAME first middle last: 16 John Bishop

MOTHER—Maiden Name first middle last: 17 Lena Sellers

INFORMANT—NAME and relationship to deceased: 18 Mrs. Edith Bishop wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Burial

CEMETERY OR CREMATORY—NAME: 19b Pilot Butte Cemetery

LOCATION city or town state: 19c Bend, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): 20a David L. Cagley

NAME AND ADDRESS OF FACILITY: 20b Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701

DATE SIGNED (Mo., Day, Yr.): 21b May 29, 1979

HOUR OF DEATH: 21c 8:00 A. M

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature) Robert L Cutter

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Robert L. Cutter M.D. 600 N.W. Harriman Bend, Oregon 97701

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 22a MAY 3 1 1979

REGISTRAR: 22b (Signature) Marian Ackerman

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE (a): Acute Cardiac Arrest — Interval between onset and death: Minutes

DUE TO, OR AS A CONSEQUENCE OF (b): Myocardial Infarct — Interval: Minutes

DUE TO, OR AS A CONSEQUENCE OF (c): Coronary Atherosclerosis — Interval: Many Yrs.

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

AUTOPSY (Specify Yes or No): 24 NO

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Specify Yes or No): 25 Yes

ACCIDENT (Specify Yes or No): 26a No

DATE OF INJURY (Mo., Day, Yr.): 26b

HOUR OF INJURY: 26c M

DESCRIBE HOW INJURY OCCURRED: 26d

INJURY AT WORK (Specify Yes or No): 26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): 26f

LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE: 26g

RESERVED FOR REGISTRAR'S USE

Return to

Niswonger & Reynolds, Inc.
Funeral Directors
Hill at Irving Avenue
BEND, OREGON 97701

VS-2 Rev 1-78 P-005412

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date MAY 3 1 1979

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 4th day of June A.D., 19 79 at 10:01 o'clock A M., and duly recorded in Vol 79, of Deeds on Page 12773.

FEE $3.00

WM. D. MILNE, County Clerk

By Demetha L. Aldrich Deputy