

75899

## CERTIFICATE OF DEATH

Local File Number 377		First Middle Last		State File Number	
DECEASED—NAME		First Middle Last		DATE OF DEATH (month, day, year)	
1 NAPOLEN		BRAY		2 October 15, 1979	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)	
3 Black		4 Male		5 55	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	
7a Klamath		7b Klamath Falls		7c Rt. 3 Box 103	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
8 Oklahoma		9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)	
13 444-20-5058		14a Mechanic		11 Allie M. Bray	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
15a Oregon		15b Klamath Falls		15c Rt. 3 Box 103	
FATHER—NAME		MOTHER—Maiden Name		INFORMANT—NAME and relationship to deceased	
16 Johnny - Bray		17 Louisa - Boldin		18 Allie M. Bray (Wife)	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION	
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)	
20a Jim Dancaster		20b Ward's Funeral Home		21b Oct. 17, 1979	
To the best of my knowledge, death occurred at the time, date and place stated		NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH	
21a [Signature]		21d George Zupan, M.D.		21c 6:09 P M	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21d George Zupan, M.D.					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		Interval between onset and death	
22a OCT 17 1979		22b [Signature] Marian Ackerman		MINUTES	
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		Interval between onset and death	
23 (a) ACUTE ANTERIOR MYOCARDIAL INFARCTION				MINUTES	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) OCCLUSION LEFT ANTERIOR DESCENDING CORONARY ARTERY				YEARS	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) ARTERIOSCLEROTIC HEART DISEASE					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER	
		24 Yes		25 [Specify Yes or No] Yes	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
26a No		26b		26c	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
26e No		26f		26g	
RESERVED FOR REGISTRAR'S USE		STREET OR R.F.D. NO.		CITY OR TOWN STATE	

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar  
Date OCT 17 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 25th day of October A.D., 19 79 at 10:44 o'clock A M., and duly recorded in Vol. 79 of Deeds on Page 25044

FEE \$3.50

WM. D. MILNE, County Clerk  
By Bernard H. Heston Deputy