

DECEASED—NAME		First		Middle		Last		State File Number	
RACE White, Black, American Indian, etc.(specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF DEATH (month, day, year)	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		Under 1 day		DATE OF BIRTH (month, day, year)	
STATE OF BIRTH (if not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		YES	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		LOCATION city or town state		15e yes	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		18 Thelma Simmons wife		19c Bend Oregon			
FURNERAL SERVICE LICENSEE OR person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
20a [Signature]		20b Niswonger-Reynolds Inc. 105 N.W. Irving Bend, Oregon 97701		21b March 18, 1980		21c 5:55 P M			
CERTIFIER—NAME AND TITLE (Type or print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		MAILING ADDRESS (Street, city or town, state, zip)		VETERANS ADMINISTRATION HOSPITAL			
21d SHARON ANDERSON MD		21e		3710 S.W. U.S. Veterans Hospital Road		Portland, Oregon 97201			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		22b [Signature]		22c			
22a MAR 24 1980		22b [Signature]		22c		22d			
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		22d		22e			
(a) CARDIAC ARREST		(b) ACUTE MYOCARDIAL INFARCTION		(c) ATHEROSCLEROTIC HEART DISEASE		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
23a NO		23b		23c		23d			
DATE OF INJURY (Mo, Day, Yr.)		HOUR OF INJURY		PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER	
24a NO		24b		24c		24d NO		25 [Specify Yes or No] NO	
INJURY AT WORK (Specify Yes or No)		24b		24c		24d		25	
24a		24b		24c		24d		25	
RESERVED FOR REGISTRAR'S USE		24b		24c		24d		25	

VS-2 Rev-8-78 P-65412

Date MAR 24 1980

COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; SS.

I hereby certify that the within instrument was received and filed for record on the 1st day of April A.D., 19 30 at 11:24 o'clock A M., and duly recorded in Vol. M80 of Deeds on Page 6013

FEE \$3.50

WM. D. MILNE, County Clerk
By: Berntha Cheloch Deputy