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

Vol. M80 Page 6455

82854 98
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First Lawrence; Middle Luther; Last Story

2 DATE OF DEATH (month, day, year): March 19, 1980

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

4 SEX: Male

5a AGE—Last birthday (years): 70

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): August 14, 1909

7a COUNTY OF DEATH: Klamath

7b CITY, TOWN OR LOCATION OF DEATH: Malin

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 2304 Rosicky Street

7d IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient [Specify]: No

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Adelia C. Story

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

13 SOCIAL SECURITY NUMBER: 540-12-3428-A

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

14b KIND OF BUSINESS OR INDUSTRY: Civil Service

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Malin

15d STREET AND NUMBER OR R.F.D., ZIP: 2304 Rosicky St.

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

16 FATHER—NAME first middle last: Luther Story

17 MOTHER—Maiden Name first middle last: Martha

18 INFORMANT—NAME and relationship to deceased: Adelia C. Story - wife

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

19b CEMETERY OR CREMATORY—NAME: Malin Community Cemetery

19c LOCATION city or town state: Malin Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: Merrill Reich

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 97601

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]: Wm A Bartlett MD

21b DATE SIGNED [Mo., Day, Yr.]: 3/20/80

21c HOUR OF DEATH: 6:30 P. M

CERTIFIER — NAME AND TITLE (Type or print): Dr. William A. Bartlett

MAILING ADDRESS (Street, city or town, state, zip): 2860 Daggett Road Klamath Falls, Oregon 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAR 20 1980

22b REGISTRAR [Signature]: Shelia Marier

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].]

PART I (a) Natural Causes — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Metastatic Squamous cell carcinoma of lung — Interval between onset and death: 7 months

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

24 AUTOPSY [Specify Yes or No]: No

25 WAS CASE REFERRED TO MEDICAL EXAMINER [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]:

26b DATE OF INJURY [Mo, Day, Yr]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]:

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc [Specify]:

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

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

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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) OREGON

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Marier, Deputy Registrar

Date March 21, 1980

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 7th day of April A.D., 19 80 at 2:21 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 6455.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Aldrich Deputy