HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
VITAL STATISTICS SECTION

Vol. M80 Page 9941

Local File Number 177

State File Number 85003

CERTIFICATE OF DEATH

1 DECEASED—NAME: First LEWIS; Middle FRANKLIN; Last ARNOLD

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

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

4 SEX: Male

5a AGE—Last birthday (years): 82

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): May 18, 1898

7a COUNTY OF DEATH: Klamath

7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number): 7903 Highway 140

7d IF HOSP. OR INST. indicate DOA, OP/Emer., Am., Inpatient (Specify):

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Nellie G. Arnold

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

13 SOCIAL SECURITY NUMBER: 544-10-7998

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

14b KIND OF BUSINESS OR INDUSTRY: Railroad Transportation

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 7903 Highway 140 97601

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

16 FATHER—NAME first middle last: Noah - Arnold

17 MOTHER—Maiden Name first middle last: Louisa - Raley

18 INFORMANT—NAME and relationship to deceased: Nellie G. Arnold, wife

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 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]: Jack N. Martin, M.D.

21b DATE SIGNED [Mo., Day, Yr.]: May 20 1980

21c HOUR OF DEATH: 10:10 P. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Jack N. Martin, MD, 1900 Main Street, Klamath Falls, Oregon 97601

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

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

22b REGISTRAR [Signature]: Marian Ackerman

PART I

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

(a) Acute Cardiac Dysfunction — Interval between onset and death: 5 Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) Carcinoma of Liver — Interval between onset and death: 5 months

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 OR CORONER (Specify Yes or No): Yes

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):

28g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-85412

Maggie Dean

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 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 2nd day of June A.D., 19 80 at 3:08 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 9941.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Hetrick Deputy