85395			CERTIFICATE OF BEILD					Voi. m so Page 10625 :			
STATE FILE NUMBER				C. LAST		LOCA 2	A. DATE OF DE	ATH (MGHIH,	SAT, TEAR)	28. HOUR	
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST ARTHUR		WINFIELD	1	REED			June 3	IF UNDER 1		2:00PM
	3. SEX 4. RACE Male White		5. ETHNICITY English	,	6. DATE OF BIRTH April 20, 1909			71 ,,,,,,			
	B. BIRTHPLACE OF DECEDENT (STATE OR		9. NAME AND BIRTHPLACE OF FATHER Wallace Reed-Iowa					Irene Bishop-Iowa			
	11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 543-10-0320		13. HARITAL STATUS Married		"	14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER SVEA E. Nyback			
	15. PRIMARY OCCUPATION		16 NUMBER OF YEARS		EMPLOYER (IF SELF-EMPLOYED, SO STATE			18. KIND OF INDUSTRY OR BUSINESS Installation & Service			
	194 HSHAL	E Irrigation	ESS (STREET AND HUMBER OR LOCATION) 198.				19C. CITY OR TOWN Klamath Falls				
USUAL	2334 F	Homedale Roa	nd 	19E. 51	TATE .		20. NAME AND A				
RESIDENCE	Klamat			Oregon 97601			Svea E	rea E. Reed, wife			
-PLACE OF 20EATH	21A. PLACE Chuck	Fisher Ran	ch	kiyou		2334 Homedale Road Klamath Falls, Oregon 97601			01		
	21C. STREE	T ADDRESS (STREET AND	NUMBER OF LOCATION)	•	doel						
@		WAS CAUSED BY:	CENTER ONLY ONE	(ENTER ONLY ONE CAUSE PER LINE FOR A. B. A.			4		APPROXI-	PROXI- Yes DEATH #	
	IMMEDIATE CAUSE CONDITIONS, IF ANT, OUE TO, OF		AS A CONSEQUENCE OF	ars	real				MATE INTERVAL BETWEEN	25. WAS B	ICPS4 PERFORMES?
DEATH	THE IMMEDIAT	TE CAUSE. (B)	AS A CONSEQUENCE OF	nonal	le				ONSET AND DEATH	26. WAS A	STOPSY PERFORMED
	LYING CAUSE	LAST. (C)	CAPID	CAPID			7. WAS OPERATION	TATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23.			
			BUT NOT RELATED TO THE IMMED			11	PE OF OPERATION	ZBC. DATE S		•	N'S LICENSE NUMBE
PHYSI-	28A. I CERTIFI THAT DEATH OCCURRED AT THE HOUR, DATE 28B. PHYSICIAN—SIGNATU					H M	1·D.	6/4/8		6/3	
CIAN'S CERTIFICA TION	AND PLACE STATED FROM THE CAUSES STATED. 1 ATTENDED DICCOUNT SINCE LAST SAW DECEDENT ALIVE LANG AND ADDRESS LENTER NO. DA. TR.) 28E, TYPE SHYSTICIAN'S MANE AND ADDRESS LENTER NO. DA. TR.) 28E, TYPE SHYSTICIAN'S MANE AND ADDRESS LENTER NO. DA. TR.) Craig A. Bennett, MD 1905 Main St., Klamath Falls, Oregon 11-5-74 4-16-80 Craig A. Bennett, MD 1905 Main St., Klamath Falls, Oregon 32B, HOUF										
<u></u>	29. 5760	T ACCIDENT, SUICIDE, ETC				31. INJ.	IRT AT WORK 32/	. DATE OF INJUR	1 HONTH, C	41, TEAT	328, HCUF
INJURY INFORMA	. 22 1001	TION OFFICE AND NUMBE	OR LOCATION AND CITY OR TOWN	1	34. DESCRIB	E HOW INJU	RY OCCURRED (E)	ENTS WHICH PES	ULTED IN INJU		I
CORONER'											
ONLY	35A. I CERTIFY THAT DEATH OCCURED AT THE HOUR, DATE AND THE VICTOR THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) 10N 37. DATE—MONTH, DAT, TEAR 38. NAME AND ADDRESS OF CEMETERY OR CERMATORY							39 EMBAL	MER'S LICEN	Augusta va	},# 05
Buria	10N 37.	une 6, 1980	Eternal Hil	Ls Memo	orial Gardens			Stallam 42		J. Navenpart	
40. NAME OF	FUNERAL DIRECT	TOR (ON PERSON ACTING A	S SUCH ; 41. LO	CAL RECISION	an i	Beth	a. Ston	e Desie	3	JUN (- 1980
STATE	Α.	Chapel of t	he Good Shephe	C.		D. /		E. ·	7		
RECUE	25		·]		277-	-714					
	STATE	OF CALIFORN	A, COUNTY OF S Statistics for sai rect transcript of recorded in my Page 714 my hand and June	office in IN WITH	ord of an ins Book 27 c	of Reg OF, I h	t, as the san cof De ave hereunt	ne is eaths to set ay of	30	of Vitter and co	al r-
	CTATE			LAMA I	H; ss.	and file	ed for rec	ord on th	: ne10: n Vel_	Record h_day M80	
		Deeds	on Pa	ge <u>10</u> 6	525		unide Co	unty Clor	·k		
	of	FEE \$3,50			WW	۰. وي. مدركر	utha	1/2	1.6	_Denu	ty .