

CERTIFICATE OF DEATH

State File Number

DECEASED NAME First: <u>Robert</u> Middle: <u>Frank</u> Last: <u>Hartley</u>			DATE OF DEATH (month, day, year) <u>2 June 19, 1980</u>	
RACE White, Black, American Indian, etc. (specify) <u>White</u>			DATE OF BIRTH (month, day, year) <u>6 June 25, 1924</u>	
COUNTY OF DEATH <u>Klamath</u>			CITY, TOWN OR LOCATION OF DEATH <u>Bonanza</u>	
STATE OF BIRTH (if not in U.S.A., name country) <u>California</u>			CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
SOCIAL SECURITY NUMBER <u>541-28-9241</u>			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Deputy Sheriff</u>	
RESIDENCE - STATE <u>Oregon</u>			CITY, TOWN, OR LOCATION <u>Bonanza</u>	
FATHER - NAME first middle last <u>William Lawrence Hartley</u>			MOTHER - Maiden Name first middle last <u>Irene Reid</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Cremation</u>			CEMETERY OR CREMATORY - NAME <u>Eternal Hills Crematory</u>	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <u>[Signature]</u>			NAME AND ADDRESS OF FACILITY <u>Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>JUN 20 1980</u>			REGISTRAR (Signature) <u>[Signature]</u>	
PART I IMMEDIATE CAUSE (a) DUE TO: OR AS A CONSEQUENCE OF: <u>Cardiac Arrest</u>			Interval between onset and death <u>minutes</u>	
(b) DUE TO: OR AS A CONSEQUENCE OF: <u>Coronary Atherosclerosis</u>			Interval between onset and death <u>years</u>	
(c) DUE TO: OR AS A CONSEQUENCE OF:			Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No) <u>No</u>	
ACCIDENT (Specify Yes or No) <u>No</u>			DATE OF INJURY (Mo., Day, Yr.) <u>26</u>	
HOUR OF INJURY <u>26c</u>			DESCRIBE HOW INJURY OCCURRED <u>26d</u>	
INJURY AT WORK (Specify Yes or No) <u>No</u>			PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>26f</u>	
STREET OR R.F.D. NO.			CITY OR TOWN	
STATE				

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of July A.D., 19 80 at 4:41 o'clock P M., and duly recorded in Vol. M80, of Deeds on Page 12935.

FEE \$3.50

WM. D. MILNE, County Clerk

By [Signature] Deputy

MARIAN ACKERMAN, Registrar Vital Statistics
By [Signature] Deputy Registrar
Date JUN 23 1980
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

VS-2 Rev-8-78 P-65412