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

Local File Number 78-345

Vol. M80 Page 13094

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First: Arnold Middle: Frank Last: Aring

2. DATE OF DEATH (month, day, year): April 5, 1978

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

4. SEX: Male

5a. AGE—Last birthday (years): 56

5b. Under 1 year — mos / days

5c. Under 1 day — hours / min.

6. DATE OF BIRTH (month, day, year): April 19, 1921

7a. COUNTY OF DEATH: Jackson

7b. CITY, TOWN OR LOCATION OF DEATH: Medford

7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Hospital

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

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

9. CITIZEN OF WHAT COUNTRY: USA

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

11. SPOUSE (IF MARRIED, WIDOWED): Mary

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

13. SOCIAL SECURITY NUMBER: 557-24-9913

14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Park Construction — ret.

14b. KIND OF BUSINESS OR INDUSTRY: Bureau Land Management

15a. RESIDENCE—STATE: Oregon

15b. COUNTY: Jackson

15c. CITY, TOWN, OR LOCATION: Ashland

15d. STREET AND NUMBER OR R.F.D., ZIP: 1054 Plaza St. 97520

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

16. FATHER—NAME first middle last: Henry Jasper Aring

17. MOTHER—Maiden Name first middle last: Beeznold

18. INFORMANT—NAME and relationship to deceased: Mary Aring, wife

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

19b. CEMETERY OR CREMATORY—NAME: Mtn. View Crematory

19c. LOCATION city or town, state: Ashland Ore.

20a. FUNERAL SERVICE LICENSEE Or person Acting as Such (Signature): [signature]

20b. NAME AND ADDRESS OF FACILITY: Litwiller Funeral Home 1811 Ashland St. 97520

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature] M.D.

21b. DATE SIGNED (Mo., Day, Yr.): 4-21-78

21c. HOUR OF DEATH: 12:30 A M

21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Christian P. Hebb MD PO Box 127 Ashland OR 97520

21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 22 1978

22b. REGISTRAR (Signature): Rachel White

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

(a) Carcinoma of Lung — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Metatases to brain — Interval between onset and death:

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 OR CORONER (Specify Yes or No): NO

26a. ACCIDENT (Specify Yes or No): NO

26b. DATE OF INJURY (Mo., Day, Yr.):

26c. HOUR OF INJURY: M.

26d. DESCRIBE HOW INJURY OCCURRED:

26e. INJURY AT WORK (Specify Yes or No): 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

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VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss DATE ISSUED MAY 11 1978

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

(STATE REGISTRAR) [signature]

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 15th day of July A.D., 19 80 at 1:19 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 13094.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha G Letsch Deputy