

1. RACE (White, Black, American Indian, etc. (Specify))		2. SEX (Male, Female)	3. AGE - Last birthday (years)	4. Under 1 year (most days, Under 1 day)	5. DATE OF BIRTH (month, day, year)
6. CITY, TOWN OR LOCATION OF DEATH		7. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)	8. IF HOSP. OR INST. Indicate DOA, OP/Empr: Rm. (Specify)	9. COUNTY OF DEATH	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
11. STATE OF BIRTH (If not in U.S.A. name country)		12. CITIZEN OF WHAT COUNTRY	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	14. SPOUSE (IF MARRIED, WIDOWED)	15. NO
16. SOCIAL SECURITY NUMBER		17. USUAL OCCUPATION (Give kind of work done during most of working life, given its nature)		18. KIND OF BUSINESS OR INDUSTRY	
19. RESIDENCE - STATE		20. COUNTY	21. CITY, TOWN, OR LOCATION	22. STREET AND NUMBER OR R.F.D., ZIP	23. Inside City Limits (Specify yes or no)
24. FATHER - NAME first middle last		25. MOTHER - Maiden Name first middle last		26. INFORMANT - NAME and relationship to deceased	
27. BURIAL, CREMATION, REMOVAL, MAUS (Specify)		28. CEMETERY OR CREMATORY - NAME		29. LOCATION city or town state	
30. FUNERAL SERVICE LICENSEE Or Person Acting As Such (Specify)		31. NAME AND ADDRESS OF FACILITY			
32. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		33. DATE SIGNED (Mo., Day, Yr.)		34. HOUR OF DEATH	
35. NAME AND ADDRESS OF CERTIFIER (Type or Print)		36. F. Geoffrey Marx, MD, Medical Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601		37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
38. George B. Peden, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601		39. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		40. REGISTRAR	
41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		42. INTERVAL BETWEEN ONSET AND DEATH		43. INTERVAL BETWEEN ONSET AND DEATH	
44. (a) DUE TO, OR AS A CONSEQUENCE OF		45. (b) DUE TO, OR AS A CONSEQUENCE OF		46. (c) DUE TO, OR AS A CONSEQUENCE OF	
47. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		48. AUTOPSY (Specify Yes or No)		49. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
50. ACCIDENT (Specify Yes or No)		51. DATE OF INJURY (Mo., Day, Yr.)		52. HOUR OF INJURY	
53. INJURY AT WORK (Specify Yes or No)		54. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		55. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date NOV 20 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

5th day of January A.D., 1981 at 1:21 o'clock P.M., and duly recorded in

Vol M81 of Deeds on page 114.

Fee \$ 3.50

EVELYN BIEHN
ACTING COUNTY CLERK

By Bernetha H. Fletcher deputy