

Local File Number 357

State File Number 17881

1 DECEASED—NAME
First Middle Last
ARTHUR F. STEINER

2 DATE OF DEATH (month, day, year)
September 13, 1981

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

4 SEX Male

5a AGE—Last birthday (years)
74

5b Under 1 year
mos. days hours min

5c Under 1 day
hours min

6 DATE OF BIRTH (month, day, year)
May 22, 1907

7a CITY, TOWN OR LOCATION OF DEATH
Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
West Medical Center

7c INPATIENT

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

9 CITIZEN OF WHAT COUNTRY
U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED)
Velma L. Steiner

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

13 SOCIAL SECURITY NUMBER
331-10-3011

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

14b KIND OF BUSINESS OR INDUSTRY
Construction

15a RESIDENCE—STATE
Oregon

15b COUNTY
Klamath

15c CITY, TOWN, OR LOCATION
Keno

15d STREET AND NUMBER OR R.F.D., ZIP
P.O. Box 218 97627

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

16 FATHER—NAME first middle last
Ferdinand - Steiner

17 MOTHER—Maiden Name first middle last
Helen Lena Fabry

18 DEPENDENT—NAME and relationship to deceased
Velma L. Steiner, wife

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

19b CEMETERY OR CREMATORY—NAME
Paradise Cemetery

19c LOCATION city or town state
Paradise, California 95969

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such
William J. Ravnepart

20b NAME AND ADDRESS OF FACILITY
Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
Jon S. Wayland MD

21b NAME AND ADDRESS OF CERTIFIER (Type or Print)
Jon S. Wayland, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

21c DATE SIGNED (Mo., Day, Yr.)
9-15-81

21d HOUR OF DEATH
4:15 P.M.

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
SEP 15 1981

22b REGISTRAR
Clandia Francis

23 IMMEDIATE CAUSE
PART I (a) Cause of death: Causes of sudden transitional - metastatic
Interval between onset and death
(b) Causes of sudden transitional - metastatic
Interval between onset and death
(c) Causes of sudden transitional - metastatic
Interval between onset and death

24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

25a ACCIDENT (Specify Yes or No)
No

25b DATE OF INJURY (Mo., Day, Yr.)

25c HOUR OF INJURY

25d DESCRIBE HOW INJURY OCCURRED

25e AUTOPSY (Specify Yes or No)
No

25f WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No

26a INJURY AT WORK (Specify Yes or No)

26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26c LOCATION

26d STREET OR R.F.D. NO

26e CITY OR TOWN

26f STATE

26g RESERVED FOR REGISTRAR'S USE

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 Clandia Francis, Deputy Registrar

Date SEP 21 1981

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

9th day of October A.D., 1981 at 2:05 o'clock P. M., and duly recorded in

Vol M-81of Deeds on page 17881.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK

By Clandia Francis Deputy

101 OCT 9 PM 2 05