of Oregon
ION STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vol. M82 Page 288

8131 496
Local File Number

Vital Records Unit

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 Matthew	David	Christian	2 December 28, 1981

RACE White, Black, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 57	5b	5c	6 June 21, 1924

CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, Clinic, Res., Inpatient (Specify)	COUNTY OF DEATH
7a Klamath Falls	7b Merle West Medical Center	7c Inpatient	7d Klamath

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Oregon	9 U.S.A.	10 Married	11 Doris M. Christian	No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 543-18-0568	14a Heavy Equip. Parts Merchandising	14b Mgr. Heavy Equipment Parts Sales

RESIDENCE—ST. TE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls	15d 1329 Pacific Terrace 97601	15e Yes

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 Casimar Christian	17 Ruth Ross	18 Doris M. Christian, Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Burial	19b Eternal Hills Memorial Gardens	19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature] 20a Mike O'Hair
NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, O

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a [Signature] Earle M. LeVernois M.D.
DATE SIGNED [Mo., Day, Yr.] 21b Dec 29 '81
HOUR OF DEATH 21c 6:35 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d Earle M. LeVernois M.D., 2628 Campus Dr., Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	REGISTRAR
22a DEC 30 1981	22b [Signature] Claudia Francis

PART I — CAUSE OF DEATH [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
23 IMMEDIATE CAUSE (a)	Cardiac Arrest	Terminal
DUE TO, OR AS A CONSEQUENCE OF: (b)	Metast Malig Melanoma	18 Mos
DUE TO, OR AS A CONSEQUENCE OF: (c)	Malig Melanoma of Skin of Back	2 yrs

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

AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
24 No	25 No

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	26b	26c M	26d

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. NO	CITY OR TOWN	STATE
26e	26f	26g		

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date DEC 31 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 8 day of January A.D., 19 82 at 1:53 o'clock p M., and duly recorded in Vol M 82, of Deeds on page 284.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce M. Kline deputy