

9593

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 2607

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED
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COUNTY OF DEATH
WAS DECEDENT EVER IN U.S. ARMED FORCES?

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DECEASED—NAME
First Middle Last
Ted (none) Mann

RACE White, Black, American Indian, etc. (specify) White SEX Male AGE—Last birthday (years) 52

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center

STATE OF BIRTH (If not in U.S., name country) Arkansas CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married

SOCIAL SECURITY NUMBER 453-28-3570 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Maintenance & Game Warden

RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Malin

FATHER—NAME James W. Mann MOTHER—Maiden Name first middle last Lucy P. Anderson

BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation CEMETERY OR CREMATORY—NAME Eternal Hills Crematory

FUNERAL SERVICE LICENSE OR FIRM (If none, give name and address of facility) O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Oregon

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEB 26 1982 REGISTRAR (Signature) M. Ackerman

PART I IMMEDIATE CAUSE (a) Metastatic Carcinoma to Brain & Liver (b) Carcinoma of Lung (c) Carcinoma of Lung

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

ACCIDENT (Specify Yes or No) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED AUTOPSY (Specify Yes or No) WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)

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

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 (Signature) Deputy Registrar

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
2 day of March A.D., 1982 at 11:00 o'clock A.M., and duly recorded in
Vol M82, of Deeds on page 2607.

Fee \$4.00

EVELYN BIEHN

COUNTY CLERK

(Signature) deputy