of Oregon
ION STATE HEALTH DIVISION
rtment of Human Resources

9593

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 2607

TYPE OR PRINT IN PERMANENT BLACK INK

65

Local File Number

DECEDENT

1 DECEASED—NAME: First: Ted; Middle: (none); Last: Mann

2 STATE FILE NUMBER

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

4 SEX: Male

5a AGE—Last birthday (years): 52

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF DEATH (month, day, year): February 24, 1982

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

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

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

7d COUNTY OF DEATH: Klamath

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Marilyn S. Mann

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

13 SOCIAL SECURITY NUMBER: 153-28-3570

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Maintence & Game Warden

14b KIND OF BUSINESS OR INDUSTRY: Fish & Wildlife Service

14c STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 193 97632

14d Inside City Limits (specify yes or no): Yes

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Malin

15d MOTHER—Maiden Name first middle last: Lucy P. Anderson

15e INFORMANT—NAME and relationship to deceased: Marilyn S. Mann, Wife

16 FATHER—NAME first middle last: James W. Mann

17 LOCATION city or town / state: Klamath Falls, Oregon

DISPOSITION

18 BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19a CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19b FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: Mike Chase

19c NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

20a 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]: Jack W Martin M.D

20b NAME AND ADDRESS OF CERTIFIER [Type or Print]: Jack W. Martin M.D., 1900 Main St., Klamath Falls, Oregon 97601

21b DATE SIGNED [Mo., Day, Yr.]: 2-26-82

21c HOUR OF DEATH: 7:05 P. M

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: FEB 26 1982

22a REGISTRAR: 22b [Signature]: Marian Francis

CAUSE OF DEATH

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

PART I (a): Metastatic Carcinoma to Brain & Liver — Interval between onset and death: 11 months

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c): Carcinoma of Lung — Interval between onset and death: 1 year

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

ACCIDENT [Specify Yes or No]: No

DATE OF INJURY [Mo., Day, Yr.]:

HOUR OF INJURY:

AUTOPSY [Specify Yes or No]: No

WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

INJURY AT WORK [Specify Yes or No]:

PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

DESCRIBE HOW INJURY OCCURRED:

LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE

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 Marian Francis, Deputy Registrar

Date MAR 1 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

cash 4.00

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

By Joyce McClure deputy