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STATE OF OREGON—STATE HEALTH DIVISION

76-009555

Vital Statistics Section

232

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME			First Middle Last			DATE OF DEATH (month, day, year)		
1. Louis Raymond Knight						2. June 30, 1976		
RACE White, Negro, American Indian, etc. (specify)			SEX	AGE—last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)	
3. American Indian			4. Male	5a. 19	5b. mos.	5c. days	5d. hours	5e. min.
COUNTY OF DEATH			CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		
7a. Klamath			7b. Beatty			7c. No		
STATE OF BIRTH (if not in U.S.A., name of country)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		
8. Oregon			9. U.S.A.			10. Never Married		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
12. 542-54-2833			13a. Rancher			13b. Ranching		
RESIDENCE—STATE			COUNTY	CITY, TOWN, OR LOCATION		Inside City Limits (specify yes or no)	STREET AND NUMBER OR RFD	
14a. Oregon			14b. Klamath	14c. Beatty		14d. Yes	14e. P.O. Box 35	
FATHER—NAME first middle last			MOTHER—Maiden Name first middle last			INFORMANT—Name and relationship to deceased		
15. Ted Knight			16. Donna Tutter			17. Kenneth Knight, Brother		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
18. Immediate Cause								
(a) Gunshot wound of chest								
due to, or as a consequence of:								
(b)								
due to, or as a consequence of:								
(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)								
DATE OF INJURY (month, day, year)						HOUR		HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
20a. June 30, 1976						20b. 12:30am		20c. Gunshot wound, shot by undetermined party
INJURY AT WORK (specify yes or no)			PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)			LOCATION (street or R.F.D. No., city or town, county, state)		
20d. No			20e. unknown			20f. Probably Klamath County, Oregon		
CERTIFICATION—MEDICAL INVESTIGATOR								
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:								
DEATH OCCURRED (hour)			THE DECEDENT WAS PRONOUNCED DEAD (month day year hour)			FROM: Natural Causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/>		
21a. 12:30 a.m.			21b. June 30, 1976			21c. Homicide <input checked="" type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/>		
CERTIFIER—SIGNATURE						NAME—(type or print)		
22a. Veldon C. Boge						22b. Veldon C. Boge		
MEDICAL INVESTIGATOR—FOR: COUNTY						DATE SIGNED (month, day, year)		
23. Klamath						July 2, 1976		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)			CEMETERY OR CREMATORY—NAME			LOCATION city or town state		DATE (month, day, year)
24a. Burial			24b. Eternal Hills Mem. Gard			24c. Klamath Falls, Oregon		24d. 7-6-76
FUNERAL DIRECTOR—SIGNATURE			FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)					
25a. Mike O'Hair			25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601					
REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR			DATE RECEIVED BY STATE REGISTRAR		
26a. Marian Ockerman			26b. July 2, 1976			27. JUL 12 1976		
RESERVED FOR REGISTRAR'S USE								
28.								

DATE ISSUED

JULY

5

1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

5726 Starlan Dr. Kenneth Knight
K. Falls

STATE REGISTRAR

Marian M. Ockerman

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 21 day of May A.D., 19 82 at 3:05 o'clock p M and duly recorded in Vol M82, of Needs on page 6384

EVELYN BIEHN, COUNTY CLERK

by Joyce M. Ockerman Deputy

FEE \$ 4.00