

CERTIFICATE OF DEATH

Vital Records Unit

Vol. Nov page 14897

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

17029402

Local File Number

State File Number

DECEASED—NAME First Middle Last VINCENT LEROY PEDRO			DATE OF DEATH (month, day, year) October 30, 1982		
1 RACE White, Black, American Indian, etc. (specify) White			2 DATE OF BIRTH (month, day, year) September 8, 1931		
3 SEX Male			4 AGE—Last birthday (years) 51		
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls			6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical		
7a STATE OF BIRTH (If not in U.S.A., name country) California			7b CITIZEN OF WHAT COUNTRY U.S.A.		
8 SOCIAL SECURITY NUMBER 549-42-0227			9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		
10 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Maintenance			11 SPOUSE (IF MARRIED, WIDOWED) Nancy McKibben		
12 COUNTY OF DEATH Klamath			13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes		
14a KIND OF BUSINESS OR INDUSTRY Klamath Co. School Dist.			14b		
15a RESIDENCE—STATE Oregon			15b COUNTY Klamath		
15c CITY, TOWN, OR LOCATION Klamath Falls			15d STREET AND NUMBER OR R.F.D., ZIP 531 Conger 97601		
16 FATHER—NAME first middle last Joseph Pedro			17 MOTHER—Maiden Name first middle last Bernice F. Waller		
18 INFORMATION—NAME and relationship to deceased Nancy Pedro - Wife			19		
20a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Burial			20b CEMETERY OR CREMATORY—NAME Lost River Cemetery		
20c LOCATION city or town state Bonanza, Oregon			21		
22a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Tim Lancaster			22b NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Oregon		
23 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 23a (Signature) 23b NAME AND ADDRESS OF CERTIFIER (Type or Print) Alden B. Glidden, MD 2680 "B" Uhrmann Klamath Falls, Ore.			24 DATE SIGNED (Mo., Day, Yr.) 11-8-82		
25 HOUR OF DEATH 7:54 P.M.			26		
27 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) NOV 8 1982			28 REGISTRAR Evelyn Biehn		
29 IMMEDIATE CAUSE PART I (a) Respiratory Failure (b) Recurrent Bronchodilation Adenocarcinoma of the Lung (c) DUE TO, OR AS A CONSEQUENCE OF:			30 Interval between onset and death 3 WEEKS 1 1/2 YEARS		
31 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 32 ACCIDENT (Specify Yes or No) No			33 AUTOPSY (Specify Yes or No) Yes		
34 DATE OF INJURY (Mo., Day, Yr.) NOV 8 1982			35 HOURS OF INJURY M 26d		
36 DESCRIBE HOW INJURY OCCURRED M 26d			37 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes		
38 INJURY AT WORK (Specify Yes or No) No			39 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		
40 LOCATION 26g			41 STREET OR R.F.D. NO. 26h		
42 CITY OR TOWN 26i			43 STATE 26j		
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Evelyn Biehn, Deputy Registrar

Date NOV 8 1982

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 Nov A.D., 1982 at 4:04 o'clock P M., and duly recorded in

Vol M82 of Deeds on page 14897.

Fee \$ 4.00

EVELYN BIEHN  
COUNTY CLERK

By Joyce McKibben deputy