

CERTIFICATE OF DEATH

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Vital Records Unit

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DECEASED—NAME First Middle Last BRUCE ROBERT VOSS			DATE OF DEATH (month, day, year) July 3, 1982				
1 RACE—White, Black, American Indian, etc. (specify) White		2 SEX Male		3 AGE—Last birthday (years) 54		4 DATE OF BIRTH (month, day, year) April 7, 1928	
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 Center		7 IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) Inpatient		8 COUNTY OF DEATH Klamath	
9 STATE OF BIRTH (If not in U.S.A., name country) California		10 CITIZEN OF WHAT COUNTRY U.S.A.		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SPOUSE (IF MARRIED, WIDOWED) Naomi	
13 SOCIAL SECURITY NUMBER 572 / 28 / 7389		14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housemover - Retired		14b KIND OF BUSINESS OR INDUSTRY Construction		15 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
16 RESIDENCE—STATE Oregon		17 COUNTY Klamath		18 CITY, TOWN, OR LOCATION Bonanza		19 STREET AND NUMBER OR R.F.D., ZIP Route 1, Box 111	
20 FATHER—NAME first middle last Herman Frederick Voss		21 MOTHER—Maiden Name first middle last Elizabeth C. Cole		22 INFORMANT—NAME and relationship to deceased Naomi Voss / Wife		23 LOCATION city or town state Bonanza, Oregon	
24 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		25 CEMETERY OR CREMATORY—NAME Lost River Cemetery		26 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>David Seeley</i>		27 NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon	
28 To be Completed by CERTIFYING PHYSICIAN Only 29a (Signature) <i>David Seeley</i>		29b NAME AND ADDRESS OF CERTIFIER (Type or Print) David Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Oregon		30 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Oregon		31 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 9 1982	
32 REGISTRAR 23a (Signature) <i>Marian Ackerman</i>		33 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] (a) CARDIAC ARREST - probable cardiac rupture. (b) ACUTE ANT. MI (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		34 AUTOPSY (Specify Yes or No) No		35 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
36 ACCIDENT (Specify Yes or No) No		37 DATE OF INJURY (Mo., Day, Yr.) MAY 1982		38 HOUR OF INJURY M 11:41		39 DESCRIBE HOW INJURY OCCURRED o'clock A M.	
40 INJURY AT WORK (Specify Yes or No) No		41 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Office building		42 LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE		43 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 *Marian Ackerman* Deputy Registrar
Date JUL 9 1982

VOID IF ALTERED

Return To:

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

GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET

STATE OF OREGON: COUNTY OF KLAMATH ::ss

I hereby certify that the within instrument was received and filed for record on the 18th day of March A.D., 1983 at 11:41 o'clock A M, and duly recorded in Vol. M83, of Deeds on page 4220

EVELYN BIEHN COUNTY CLERK

by *Beverly A. DeLoach* Deputy

Fee \$ 4.00