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VOL 357 PAGE 421

CERTIFIED COPY OF DEATH RECORD

04241

Vol. M84 Page 6924
REEL 335 PAGE 1960

CERTIFICATE OF DEATH

Vital Records Unit

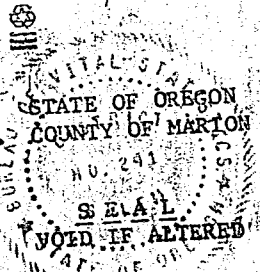
State of Oregon
DEPARTMENT OF HUMAN RESOURCESTYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOKEXCERPT
IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
EXCERPTING
PROCEDURES

POSITION

FATHER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED—NAME First Middle Last JOHN LORENZO GOSS		State File Number	
1 RACE White, Black, American Indian, etc. (specify) 3 White		DATE OF DEATH (month, day, year) 2 December 23, 1983	
4 SEX Male		DATE OF BIRTH (month, day, year) 6 November 30, 1908	
5a AGE—Last birthday (years) 75		COUNTY OF DEATH 7d Marion	
6 CITY, TOWN OR LOCATION OF DEATH 7a Stayton		IF HOSP. OR INST. include DOA, OP, Emer., Rm., Incident (Specify)	
7b 1510 Gossameer		7c	
8 STATE OF BIRTH (if not in U.S., name country) Oregon		9 U.S.A.	
10 Married, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Rose	
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO		13 SOCIAL SECURITY NUMBER 541-18-0480	
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Realtor		14b KIND OF BUSINESS OR INDUSTRY Farms	
15a Oregon		15b 1510 Gossameer	
16 FATHER—NAME first middle last Robert L. Goss		17 MOTHER—Maiden Name first middle last Sallye Chastain	
18 Rose Goss, Wife		19c Salem Oregon	
19a Burial, CREMATION, REMOVAL, MAUS. (specify) Burial		19b Belcrest Memorial Park	
20a FUNERAL SERVICE LICENSEE (Person Address) At Such Wedge Funeral Home Inc. 1777 Third Ave. Stayton, Ore		20b	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated GROSS HEART DISEASE 2400 LANCASTER DR SALEM		21b DATE SIGNED (Mo., Day, Yr.) 12-30-83	
21c		21d	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 4 1984		22b REGISTRAR Dianne Stensrud	
23 IMMEDIATE CAUSE (a) Coronary artery disease		Interval between onset and death years	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
24 ACCIDENT (Specify Yes or No)		25 ALTOFTSY (Specify Yes or No) NO	
26a DATE OF INJURY (Mo., Day, Yr.)		26b	
26c		26d	
26e		26f	
26g		26h	
26i		26j	
26k		26l	
26m		26n	
26o		26p	
26q		26r	
26s		26t	
26u		26v	
26w		26x	
26y		26z	
26aa		26ab	
26ac		26ad	
26ae		26af	
26ag		26ah	
26ai		26aj	
26ak		26al	
26am		26an	
26ao		26ap	
26aq		26ar	
26as		26at	
26au		26av	
26aw		26ax	
26ay		26az	
26ba		26bb	
26bc		26bd	
26be		26bf	
26bg		26bh	
26bi		26bj	
26bk		26bl	
26bm		26bn	
26bo		26bp	
26bq		26br	
26bs		26bt	
26bu		26bv	
26bw		26bx	
26by		26bz	
26ca		26cb	
26cc		26cd	
26ce		26cf	
26cg		26ch	
26ci		26cj	
26ck		26cl	
26cm		26cn	
26co		26cp	
26cq		26cr	
26cs		26ct	
26cu		26cv	
26cw		26cx	
26cy		26cz	
26da		26db	
26dc		26dd	
26de		26df	
26dg		26dh	
26di		26dj	
26dk		26dl	
26dm		26dn	
26do		26dp	
26dq		26dr	
26ds		26dt	
26du		26dv	
26dw		26dx	
26dy		26dz	
26ea		26eb	
26ec		26ed	
26ee		26ef	
26eg		26eh	
26ei		26ej	
26ek		26el	
26em		26en	
26eo		26ep	
26eq		26er	
26es		26et	
26eu		26ev	
26ew		26ex	
26ey		26ez	
26fa		26fb	
26fc		26fd	
26fe		26ff	
26fg		26fh	
26fi		26fj	
26fk		26fl	
26fm		26fn	
26fo		26fp	
26fq		26fr	
26fs		26ft	
26fu		26fv	
26fw		26fx	
26fy		26fz	
26ga		26gb	
26gc		26gd	
26ge		26gf	
26gg		26gh	
26gi		26gj	
26gk		26gl	
26gm		26gn	
26go		26gp	
26gq		26gr	
26gs		26gt	
26gu		26gv	
26gw		26gx	
26gy		26gz	
26ha		26hb	
26hc		26hd	
26he		26hf	
26hg		26hh	
26hi		26hj	
26hk		26hl	
26hm		26hn	
26ho		26hp	
26hq		26hr	
26hs		26ht	
26hu		26hv	
26hw		26hx	
26hy		26hz	
26ia		26ib	
26ic		26id	
26ie		26if	
26ig		26ih	
26ii		26ij	
26ik		26il	
26im		26in	
26io		26ip	
26iq		26ir	
26is		26it	
26iu		26iv	
26iw		26ix	
26iy		26iz	
26ja		26jb	
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26je		26jf	
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26lu		26lv	
26lw		26lx	
26ly		26lz	
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26mg		26mh	
26mi		26mj	
26mk		26ml	
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26mo		26mp	
26mq		26mr	
26ms		26mt	
26mu		26mv	
26mw		26mx	
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26uq		26ur	
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26vi		26vj	
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26vm		26vn	
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26xm		26xn	
26xo		26xp	
26xq		26xr	
26xs		26xt	
26xu		26xv	
26xw		26xx	
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26ya		26yb	
26yc		26yd	
26ye		26yf	
26yg		26yh	
26yi		26yj	
26yk		26yl	
26ym		26yn	
26yo		26yp	
26yq		26yr	
26ys		26yt	
26yu		26yv	
26yw		26yx	
26yy		26yz	
26za		26zb	
26zc		26zd	
26ze		26zf	
26zg		26zh	
26zi		26zj	
26zk		26zl	
26zm		26zn	
26zo		26zp	
26zq		26zr	
26zs		26zt	
26zu		26zv	
26zw		26zx	
26zy		26yz	



DATE JAN 5 1984

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS

By Dianne Stensrud, Deputy

FASIO

NTARS TO STACHINERS

RECORDS

REEL
335PAGE
1961

00082

6925

561100

April 11, 1984

STATE OF OREGON
County of LinnI hereby certify that the attached was
received and duly recorded by me in
Linn County records:

Volume: MF 357 Page: 421

At 8:30 O'clock a.m.

DEL W. RILEY
Linn County ClerkBy YLF Deputy*Robert L. Kess*
402 Franklin Bldg
495 State St
Salem, OR 97301

STATE OF OREGON

County of Marion

I hereby certify
that the within was
received and duly
recorded by me
in Marion County
records:Reel 335 Page 1960

04241

FEB 22 4 42 PM '84

ALAN H. DAVIDSON
MARION COUNTY CLERKBY AP DEPUTY

50°

Return to:
Robert L. Goss
402 Franklin Bldg
495 State St.
*Salem, OR 97301*STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for
record on the 26th day of April A.D., 1984 at 1:46 o'clock p M,
and duly recorded in Vol M84, of Deeds on page 6924.Fee: \$ 8.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy