

CERTIFICATE OF DEATH

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| DECEASED—NAME First Middle Last Melvin Alfred BLANK Sr. | | DATE OF DEATH (month, day, year) April 30, 1984 | |
| RACE (Specify) White | SEX Male | AGE—Last birthday (years) 67 | DATE OF BIRTH (month, day, year) March 14, 1917 |
| CITY, TOWN OR LOCATION OF DEATH Bend | | HOSPITAL OR OTHER INSTITUTION—NAME (If not in other, give street and number) Cent. Or. Health Care Cent. | COUNTY OF DEATH Deschutes |
| STATE OF BIRTH (If not in USA, name country) Oregon | CITIZEN OF WHAT COUNTRY USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes |
| SOCIAL SECURITY NUMBER 541-01-2676 | | USUAL OCCUPATION (Give kind of work done during most of working life) Salesman | KIND OF BUSINESS OR INDUSTRY Plumbing & Heating Supplies |
| RESIDENCE—STATE Oregon | COUNTY Deschutes | CITY, TOWN, OR LOCATION Bend | STREET AND NUMBER OR R.F.D., ZIP 62040 Cody Rd. 97701 |
| FATHER—NAME Alfred August Blank | MOTHER—NAME Ada Westfall | INFORMANT—NAME (and relationship to decedent) Mary Blank, (Wife) | |
| BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Cremation | | CEMETERY OR CREMATORY—NAME Cent. Oregon Cremation Assoc. | LOCATION Bend, Oregon |
| FUNERAL SERVICE LICENSEE OF PERSON ACTING AS SUCH (Signature) <i>Richard H. Woods</i> | | NAME AND ADDRESS OF FACILITY TABOR'S Desert Hills MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701 | |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Richard H. Woods</i> | | DATE SIGNED (MM/DD/YY) 4-30-84 | HOUR OF DEATH 2:00 A.M. |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) Richard H. Woods, M.D. 1501 N. E. Medical Center Dr. Bend, Or. 97701 | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| DATE RECEIVED BY REGISTRAR (MM/DD/YY) 5-1-84 | | REGISTRAR (Signature) <i>Jacqueline Mathis</i> | |
| PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) | | | |
| (a) Advanced carcinoma of prostate | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF | | | |
| (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to causing given in PART I (a) | | | |
| Carcinoma of rectum | | AUTOPSY (Yes or No) No | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No |
| ACCIDENT (Specify Yes or No) No | DATE OF INJURY (MM/DD/YY) 4-29-84 | HOUR OF INJURY 8:53 | DESCRIBE HOW INJURY OCCURRED |
| INJURY AT WORK (Specify Yes or No) No | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) At home | LOCATION At home | STREET OR R.F.D. NO. CITY OR TOWN STATE |

ORIGINAL - VITAL STATISTICS COPY

452706-7-12-83

STATE OF OREGON, COUNTY OF DESCHUTES

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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF
DESCHUTES COUNTY HEALTH DEPARTMENT

Jacqueline Mathis
JACQUELINE MATHIS, DEPUTY REGISTRAR

May 1 19 84
DATE

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 8th day of May A.D., 1984 at 8:53 o'clock A M, and duly recorded in Vol M84 of Deeds on page 7650.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 4.00

Douglas C. Brown
ATTORNEY AT LAW
P. O. Box 1247
Bend, OR 97709

by: *Pam Smith*, Deputy