

TYPE  
 OR PRINT  
 IN  
 PERMANENT  
 BLACK  
 INK  
 FOR  
 TRANCTIONS  
 SEE  
 ANDBOOK

Vital Records Unit

90

Local File Number

State File Number

EDENT  
 DEATH  
 CURRED IN  
 TUTION  
 HANDBOOK  
 (USING  
 SECTION OF  
 ENITE ITEMS

SITION

TIFIER

NDITIONS  
 IF ANY  
 ICH GAVE  
 RISE TO  
 IMMEDIATE  
 CAUSE  
 YING THE  
 DERLYING  
 USE LAST

USE OF  
 EATH

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1		RAYMOND		ELLIS		BROWN		2 March 11, 1982	
RACE White, Black, American Indian, etc (specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 White		4 Male		5a 67		5b mos days		6 March 9, 1915	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)		COUNTY OF DEATH			
7a Klamath Falls		7b West Medical Center		7c Inpatient		7d Klamath			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (If MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Idaho		9 U.S.A.		10 Married		11 Eunice		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 543 - 10 - 4524		14a Conductor - Retired		14b Burlington Northern Railroad					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify Yes or No)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 303 Pacific Terrace		15e Yes	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased					
16 Christopher Brown		17 Louella Thompson		18 Eunice Brown / Wife					
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY							
20a <i>[Signature]</i>		20b WARD'S - 1945 Main - Klamath Falls, Or. 97601							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH					
21a <i>[Signature]</i>		21b <i>[Signature]</i>		21c 11:50 A.M.					
NAME AND ADDRESS OF CERTIFIER (Type or Print)									
21d David Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Or. 97601									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr)		REGISTRAR							
22a MAR 15 1982		22b <i>[Signature]</i>							
PART I IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		Interval between onset and death					
(a) CARDIAC ARREST				Interval between onset and death					
(b) Myocardial Infarction				Interval between onset and death					
(c)				Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
23		24 No		25 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN STATE	
26e		26f		26g					

RESERVED FOR REGISTRAR'S USE

After recording return to:  
 Mrs. Eunice H. Brown  
 303 Pacific Terrace  
 Klamath Falls, Oregon 97601

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 *[Signature]*, Deputy Registrar  
 Date MAR 16 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 17th day of May A.D., 1984 at 2:55 o'clock P M, and duly recorded in Vol M84, of Deeds on page 8192.

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, Deputy

Fee: \$ 4.00