

CERTIFICATE OF DEATH

Vol. M84 Page 17296
83-012133

Vital Records Unit

MTC#14144

Local File Number 244

DECEASED—NAME: First Ralph Middle Mase Last Mase State File Number

1 RACE White, Black, American Indian, etc. (specify) White 2 SEX Male 3 AGE—Last birthday (years) 79 4 Under 1 year 5b 5 Under 1 day 5c 6 DATE OF DEATH (month, day, year) July 13, 1983

7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls 7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Cen. 7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) Inpatient 8 DATE OF BIRTH (month, day, year) February 2, 1904

9 STATE OF BIRTH (If not in U.S.A. name country) Washington 10 CITIZEN OF WHAT COUNTRY U.S.A. 11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married 12 COUNTY OF DEATH Klamath

13 SOCIAL SECURITY NUMBER 569-24-0945 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Pressman 14b SPOUSE (IF MARRIED, WIDOWED) Belle Mase 15 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

16 RESIDENCE—STATE Oregon 17 COUNTY Klamath 18 CITY, TOWN, OR LOCATION Klamath Falls 19 STREET AND NUMBER OR R.F.D., ZIP 320 Washington Street 97601 20 Inside City Limits (Specify yes or no) Yes

21a FATHER—NAME first middle last Harry C. Mase 21b MOTHER—Maiden Name first middle last Lela Ralph 22 INFORMANT—NAME and relationship to deceased Belle Mase - wife

23a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial 23b CEMETERY OR CREMATORY—NAME Klamath Memorial Park 24 LOCATION city or town state Klamath Falls, Oregon

25a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Merrill Reid 25b NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore.

26a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: Pneumonia 26b DATE SIGNED (Mo., Day, Yr.) 7/15/83 26c HOUR OF DEATH 6:45 P.

27a NAME AND ADDRESS OF CERTIFIER (Type or Print) Dr. Glenn G. Gailis 27b M.D. 1905 Main Street 27c Klamath Falls, Oregon 97601

28a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 15 1983 28b REGISTRAR Claudia Francis

29 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

30a (a) CARDIO RESPIRATORY ARREST. Interval between onset and death MINUTES

30b (b) PNEUMONIA Interval between onset and death DAYS

30c (c) CARCINOMA OF THE LUNG Interval between onset and death 2 MONTHS

31 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

32a ACCIDENT (Specify Yes or No) No 32b DATE OF INJURY (Mo., Day, Yr.) No 32c HOUR OF INJURY No 32d AUTOPSY (Specify Yes or No) No 32e WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

33a INJURY AT WORK (Specify Yes or No) No 33b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No 33c LOCATION No 33d STREET OR R.F.D. NO. No 33e CITY OR TOWN No 33f STATE No

34 RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

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 OREGON STATE HEALTH DIVISION

After Recording Return to: Mountain Title Co.

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 October A.D., 19 84 at 4:25 o'clock P M, and duly recorded in Vol M84 of Deeds on page 17296.

Fee: \$4.00

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith, Deputy