44188 466

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS - 146

Vol. M84 Page 21014

State File Number

Field	Entry
Deceased - Name (First, Middle, Last)	ROYCE CLIFFORD MINGO
Date of Death	December 11, 1984
Race	White
Sex	Male
Age - Last Birthday (Years)	60
Date of Birth	March 22, 1924
City, Town, or Location of Death	Klamath Falls
Hospital or Other Institution Name	321 Broad St. # 9
County of Death	Klamath
State of Birth	South Dakota
Citizen of What Country	U.S.A.
Married, Never Married, Widowed, Divorced	Divorced
Was Decedent Ever in U.S. Armed Forces?	No
Social Security Number	540 / 32 / 9679
Usual Occupation	Manager
Kind of Business or Industry	Apartment Complex
Residence - State	Oregon
County	Klamath
City, Town or Location	Klamath Falls
Street and Number	321 Broad St. #9 / 97601
Inside City Limits	Yes
Father - Name	Clifford Mingo
Mother - Maiden Name	Mearl Rochester
Informant	Joyce Wilhite - Sister
Burial, Cremation, Removal	Cremation
Cemetery or Crematory - Name	Eternal Hills Memorial Gardens
Location	Klamath Falls, Or.
Funeral Service Licensee	WARD'S - 1945 Main - Klamath Falls, Oregon - 97601
Certification - Medical Examiner: Death Occurred (Hour)	1:00 PM
Decedent was pronounced dead	2:30 PM / Dec. 11, 1984
Natural Causes	X
Certifier (Signature)	Robert E. Jamison, M.D. (signature)
Name	Robert E. Jamison, MD
Medical Examiner for County	KLAMATH
Date Signed	December 14, 1984
Date Received by Registrar	DEC 17 1984
Registrar (Signature)	(signature)

PART I (a) Immediate Cause: Arteriosclerotic Heart Disease — Interval between onset and death: years

(b) Due to, or as a consequence of:

(c) Due to, or as a consequence of:

PART II Other significant conditions:

Autopsy: No

Date of Injury / Hour / How Injury Occurred / Inj. at Work / Place of Injury / Location:

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

Ret
Joyce Wilhite
5959½ Gardenia Ave
N Long Beach Ca
90805

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 DEC 17 1984

VOID IF ALTERED

(SEAL)

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 December A.D., 19 84 at 3:54 o'clock P M., and duly recorded in Vol M84 of Deeds on page 21014.

EVELYN BIEHN, COUNTY CLERK

by: (signature), Deputy

Fee: $ 5.00