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

44473 480

Vol. M84 Page 21591

CERTIFICATE OF DEATH

Local File Number — State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

Name (First)	Middle	Last	Date of Death (month, day, year)
MAURICE	HOLDANE	MALME	December 23, 1984

Race	Sex	Age	Date of Birth
White	Male	62	December 28, 1921

City, Town or Location of Death	Hospital or Other Institution—Name		County of Death
Klamath Falls	Merle West Medical Center	Inpatient	Klamath

State of Birth	Citizen of What Country	Married, Never Married, Widowed, Divorced	Spouse	Was Decedent Ever in U.S. Armed Forces?
Canada	U.S.A.	Married	Bernice	Yes

Social Security Number	Usual Occupation	Kind of Business or Industry
531 - 12 - 6995	Cabinet Maker	Carpentry

Residence—State	County	City, Town, or Location	Street and Number or R.F.D.	Zip	Inside Corporate Limits
Oregon	Klamath	Klamath Falls	3613 Boardman	97603	No

Father	Mother	Informant
Hans Malme	Mary Myhre	Bernice Malme - Wife

Burial, Cremation, Removal, Maus.	Cemetery or Crematory	Location
Cremation	Eternal Hills Memorial Gardens	Klamath Falls, Ore.

Funeral Service License — Name and Address of Facility: WARD'S - 1945 Main - Klamath Falls, Oregon - 9760

To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. — Date Signed: 12/26/84 — Hour of Death: 10:35 p.m.

Name and Address of Certifier: Blake D. Berven, MD / 2016 Clover / Klamath Falls, Oregon / 97601

Name of Attending Physician (Other Than Certifier)

Date Received by Registrar: DEC 26 1984 — Registrar: Kathleen E. Cornish

Cause of Death

Immediate Cause — Enter only one cause per line for (a), (b), and (c). — Interval between onset and death

PART I
(a) [illegible] — 10 min
Due to, or as a consequence of
(b) [illegible] — 17 days
Due to, or as a consequence of
(c)

PART II Other significant conditions contributing to death but not related to cause given in Part I: Hypertensive cardiopathy — Autopsy? No — Was Medical Examiner Notified? No

Accident	Date of Injury	Hour of Injury	Describe How Injury Occurred
No			

Injury at Work	Place of Injury	Location

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

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 ACHINN, Registrar Vital Statistics

(SEAL)

By _____, Deputy Registrar

Date DEC 26 1984

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 28th day of December A.D., 19 84 at 4:03 o'clock P M, and duly recorded in Vol M84, of Deeds on page 21591.

EVELYN BIEHN, COUNTY CLERK

by: Pamela J. Letsch, Deputy

Fee: $ 5.00