44473 480

Local File Number

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

Vol. M84 Page 21591

CERTIFICATE OF DEATH

State File Number

Field	Entry
Deceased—Name (First, Middle, Last)	MAURICE HOLDANE MALME
Date of Death	December 23, 1984
Race	White
Sex	Male
Age	62
Date of Birth	December 26, 1921
City, Town or Location of Death	Klamath Falls
Hospital or Other Institution—Name	Merle West Medical Center
(Status)	Inpatient
County of Death	Klamath
State of Birth (if not in U.S.A., name country)	Canada
Citizen of What Country	U.S.A.
Married, Never Married, Widowed, Divorced	Married
Spouse	Bernice
Was Decedent Ever in U.S. Armed Forces?	Yes
Social Security Number	531 - 12 - 6995
Usual Occupation	Cabinet Maker
Kind of Business or Industry	Carpentry
Residence—State	Oregon
County	Klamath
City, Town or Location	Klamath Falls
Street and Number or R.F.D., Zip	3613 Boardman 97603
Inside City Limits	No
Father—Name	Hans Malme
Mother—Name	Mary Myhre
Informant—Name	Bernice Malme - Wife
Burial, Cremation, Removal	Cremation
Cemetery or Crematory—Name	Eternal Hills Memorial Gardens
Location	Klamath Falls, Ore.
Funeral Service Licensee (Signature)	James K. Ward
Name and Address of Facility	WARD'S - 1945 Main - Klamath Falls, Oregon - 9760
Certifier (Signature)	[signature]
Date Signed	12/26/84
Hour of Death	10:35 p.m.
Name and Address of Certifier	Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601
Name of Attending Physician if Other than Certifier	
Date Received by Registrar	DEC 26 1984
Registrar (Signature)	Kathleen E. Cowick
Part I (a) Immediate Cause	[illegible]
Interval between onset and death	[illegible]
(b) Due to or as a consequence of	[illegible]
Interval between onset and death	17 days
(c) Due to or as a consequence of	
Part II Other Significant Conditions	Asthmatic [illegible]
Autopsy	No
Was Medical Examiner Notified	No
Accident, Suicide, Homicide	No
Date of Injury	
Hour of Injury	
Describe How Injury Occurred	
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.

(SEAL)

MARIAN ACHESMAN, Registrar Vital Statistics

by____________________, Deputy Registrar

Date DEC 26 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Ret: Bernice Malme, 3613 Boardman, City

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 3:03 o'clock P M., and duly recorded in Vol M84, of Deeds on page 21591.

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy

Fee: $5.00