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

102
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Cameron; Middle: J; Last: CLIFF

2 DATE OF DEATH (month, day, year): March 12, 1985

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 69

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): November 7, 1915

7a CITY, TOWN OR LOCATION OF DEATH: 9 mi. So. of LaPine

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Bell A Land & Cattle Co. Ranch

7c IF HOSP OR INST, Indicate DOA, OP, Emer., Rm., Inpatient (Specify): –

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ruth

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 541-44-1542

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cattle Rancher

14b KIND OF BUSINESS OR INDUSTRY: Ranching

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: LaPine

15d STREET AND NUMBER OR R.F.D., ZIP: Box 97 97739

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME: first: James; middle: ; last: Cliff

17 MOTHER—first: Maude; middle: ; last (Maiden Name): Wells

18 INFORMANT—NAME and relationship to deceased: Ruth Cliff - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Central Oregon Cremation Asso.

19c LOCATION (city or town, state): Bend, Oregon

20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): Eugene Tabor

20b NAME AND ADDRESS OF FACILITY: TABOR'S Desert Hills MORTUARY 1441 N.E. FORBES RD. BEND, OR 97701

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Richard H. Woods

21b DATE SIGNED (Mo., Day, Yr.): 3.13.85

21c HOUR OF DEATH: 10:30 P.M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Richard H. Woods M.D. 1501 NE Medical Center Dr. Bend, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 15 1985

22b REGISTRAR (Signature): Rebecca E Cravenho

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Multiple myeloma — Interval between onset and death: 5 years

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(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)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-83

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 ACKERMAN, Registrar Vital Statistics

By Rebecca E Cravenho, Deputy Registrar

Date MAR 18 1985

VOID IF ALTERED

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

ck 5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 20th day of March A.D., 1985 at 11:56 o'clock A M, and duly recorded in Vol M85 of Deeds on page 4125

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00 Ret.

by: Pam Smith, Deput

Tabor's Desert Hills Mortuary
P.O.Box 663
Bend, Oregon 97709
Attn: Gene Tabor.