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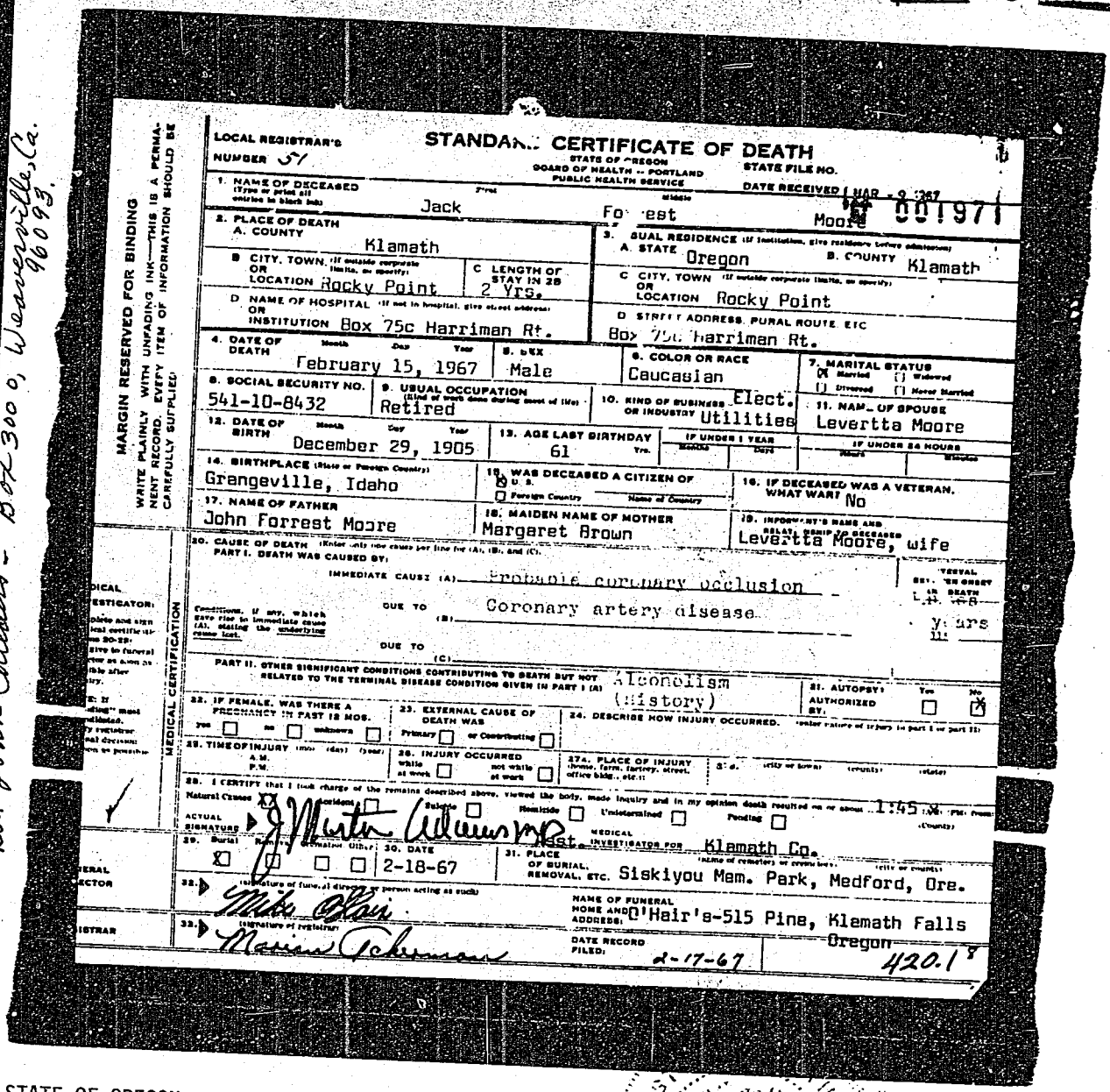
Ret: John Chilton - Box 300, Weaverville, Ca. 96093.



LOCAL REGISTRAR'S NUMBER 57

STANDARD CERTIFICATE OF DEATH
STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 001971

DATE RECEIVED | MAR - 9 1967

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED

1. NAME OF DECEASED (Type or print all entries in black ink): Jack Forest Moore

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION: Rocky Point
C. LENGTH OF STAY IN 2B: 2 Yrs.
D. NAME OF HOSPITAL OR INSTITUTION: Box 75c Harriman Rt.

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Rocky Point
D. STREET ADDRESS, RURAL ROUTE, ETC: Box 75c Harriman Rt.

4. DATE OF DEATH: February 15, 1967
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-10-8432
9. USUAL OCCUPATION: Retired
10. KIND OF BUSINESS OR INDUSTRY: Elect. Utilities
11. NAME OF SPOUSE: Levertta Moore
12. DATE OF BIRTH: December 29, 1905
13. AGE LAST BIRTHDAY: 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE: Grangeville, Idaho
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: John Forrest Moore
18. MAIDEN NAME OF MOTHER: Margaret Brown
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Levertta Moore, wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Probable coronary occlusion
DUE TO (B): Coronary artery disease
DUE TO (C):
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
INTERVAL BET. ONSET AND DEATH: 8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Alcoholism (History)
21. AUTOPSY? AUTHORIZED BY: Yes [ ] No [X]
22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS.? yes [ ] no [ ] unknown [ ]
23. EXTERNAL CAUSE OF DEATH WAS: Primary [ ] or Contributing [ ]
24. DESCRIBE HOW INJURY OCCURRED (enter nature of injury in part I or part II):
25. TIME OF INJURY (Hour, day, year): A.M. P.M.
26. INJURY OCCURRED: while at work [ ] not while at work [ ]
27A. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
B. (City or town) (County) (State)
28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about 1:45 A.M. P.M. from the cause(s) stated.
Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]
ACTUAL SIGNATURE OF MEDICAL INVESTIGATOR: J. Martin Allen M.D.
MEDICAL INVESTIGATOR FOR: Klamath Co.
29. Burial [X] Cremation [ ] Other [ ]
30. DATE: 2-18-67
31. PLACE OF BURIAL, REMOVAL, ETC.: Siskiyou Mem. Park, Medford, Ore.
32. (Signature of funeral director or person acting as such): Mike O'Hair
NAME OF FUNERAL HOME AND ADDRESS: O'Hair's-515 Pine, Klamath Falls Oregon
33. (Signature of registrar): Marion Ackerman
DATE RECORD FILED: 2-17-67
420.1

STATE OF OREGON, COUNTY OF MULTNOMAH

DATE ISSUED MAR 25 1985

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.

CK 5.00

Joseph D. Carney, State Registrar

NOT VALID WITHOUT SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 1st day of April A.D., 19 85 at 3:30 o'clock P M, and duly recorded in Vol M85, of Deeds on page 4726.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: _____, Deputy