

CERTIFICATE OF DEATH

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
VOLDEMARS		(NMI)		KISIS				2 April 16, 1985	
RACE White Black American Indian etc. (specify)		SEX		AGE—Last b-birth (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 White		4 Male		5a 81		5b 5c 5d		6 January 9, 1904	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)				IF HOSP OR INST. indicate DOA, OP, Emer, Am, Inpatient (Specify)		COUNTY OF DEATH	
7a Klamath Falls		7b 411 North 6th Street				7c		7d Klamath	
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Latvia		9 U.S.A.		10 Married		11 Mary Kisis		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY			
13 542-34-6871		14a Teacher—Jr. High				14b Education			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify Yes or No)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 411 North 6th Street 97601		15e Yes	
FATHER—NAME		MOTHER—NAME		INFORMANT—NAME and relationship to decedent					
16 Davids		17 Kisis		18 Mary Kisis, wife					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME				LOCATION			
19a Cremation		19b Eternal Hills Crematory				19c Klamath Falls, Oregon 976			
FUNERAL SERVICE LICENSEE OR PERSON Acting As Such		NAME AND ADDRESS OF FACILITY							
20a William J. Davenport		20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194							
To be completed by CERTIFYING PHYSICIAN Only		DATE RECEIVED BY REGISTRAR (Mo, Day, Yr)				REGISTRAR			
21a Signature		21b APR 18 1985				22a Signature		22b	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d N. F. Blinstrub, MD, 1000 Pine Street, Klamath Falls, Oregon 97601							
21e									
PART I		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
(a) Cardiac and Respiratory Arrest		Interval between onset and death—minutes							
(b) Cachexia/Dehydration		Interval between onset and death—2 to 3 months							
(c) Adenocarcinoma, Right Parotid Gland		Interval between onset and death—3 years							
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)							
AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)							
24 No		25 No							
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo, Day, Yr)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c M		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN STATE	
26e No		26f		26g					
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By William E. Davenport, Deputy Registrar
Date APR 19 1985

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 24th day of April A.D., 1985 at 11:42 o'clock A M, and duly recorded in Vol. M85 of Deeds on page 5933

EVELYN BLEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: \$ 5.00

Return: Mary Kisis

411 North 6th St.

Klamath Falls, Oregon 97601