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

Vol. M85 Page 6440

157
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME (First) FORREST	(Middle) D.	(Last) CULLEN		2 DATE OF DEATH (month, day, year) April 24, 1985	
3 RACE (White, Black, American Indian, etc.) (Specify) White	4 SEX Male	5a AGE—Last Birthday (years) 54	5b Under 1 year: mos. days	5c Under 1 day: hours min.	6 DATE OF BIRTH (month, day, year) November 10, 1930
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 1332 Division		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) Nebraska	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Donna		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
13 SOCIAL SECURITY NUMBER 541 - 30 - 3267	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		14b KIND OF BUSINESS OR INDUSTRY Construction		
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 97601 1332 Division Street		15e Inside City Limits (Specify Yes or No) Yes
16 FATHER—NAME (first, middle, last) Forrest Floyd Cullen	17 MOTHER—NAME (first, middle, last, (Maiden Name)) Elsie Burney		18 INFORMANT—NAME and relationship to deceased Donna Cullen / Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Mausoleum	19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		19c LOCATION (City or Town, State) Klamath Falls, Ore.		
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) James K. Reid	20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon / 97601				

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)	21b DATE SIGNED (Mo., Day, Yr.) 4/25/85	21c HOUR OF DEATH 2:00 PM
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) John J. Keegan, MD / 1905 Main / Klamath Falls, Oregon / 97601		
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 25 1985	22b REGISTRAR (Signature) Barbara E. Reynolds

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

23 IMMEDIATE CAUSE (a) Resp. Failure		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (b) Mult. Myeloma		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (c) Anemia		Interval between onset and death

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a). Thrombocytopenia.

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No) No	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes
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 Barbara E. Reynolds, Deputy Registrar

Date APR 26 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 1st day of May A.D., 1985 at 3:29 o'clock P M, and duly recorded in Volume M85, of Deeds on page 6440.

AFTER RECORDING: SEND TO:
Michael C. Miller
601 Main, Suite 210
Klamath Falls OR 97601-6007

Fee:$5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith
Deputy