

AFTER RECORDING RETURN TO
Cynthia Owens
8280 Hill Road
Klamath Falls, OR 97603

49021

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

Vol. M85 Page 7625

CERTIFICATE OF DEATH

TYPE PRINT IN 1. NAME 2. SEX 3. RACE 4. AGE 5. DATE OF DEATH 6. DATE OF BIRTH 7. CITY, TOWN OR LOCATION OF DEATH 8. STATE OF BIRTH 9. CITIZEN OF WHAT COUNTRY 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 11. SPOUSE (IF MARRIED, WIDOWED) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 13. SOCIAL SECURITY NUMBER 14. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 15. RESIDENCE—STATE 16. FATHER—NAME 17. MOTHER—NAME 18. INFORMANT—NAME and relationship to decedent 19. BURIAL, CREMATION, REMOVAL, MAUS, (specify) 20. FUNERAL SERVICE LICENSEE (or Person Acting as Such) 21. NAME AND ADDRESS OF FACILITY 22. DATE RECEIVED BY REGISTRAR 23. IMMEDIATE CAUSE 24. ACCIDENT (Specify Yes or No) 25. INJURY AT WORK (Specify Yes or No) 26. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 27. DATE OF INJURY (Mo, Day, Yr) 28. HOUR OF INJURY 29. DESCRIBE HOW INJURY OCCURRED 30. LOCATION 31. STREET OR R.F.D. NO 32. CITY OR TOWN 33. STATE		Local File Number 1. CURTIS 2. (NMI) 3. GODSEY 4. White 5. Male 6. 71 7. Klamath Falls 8. Iowa 9. U.S.A. 10. Married 11. Fern Godsey 12. No 13. 479-03-2371 14. Farmer 15. Oregon 16. Klamath 17. Midland 18. P.O. BOX 41 19. Burial 20. Mt. Laki Cemetery 21. Davenport's Chapel of the Good Shepherd 22. MAY 8 1985 23. Pneumonia 24. No 25. No 26. Acute myelogenous leukemia 27. 2614 Cloyer 28. May 7, 1985 29. Klamath Falls, Oregon 97601 30. 6420 South 6th St. 31. Klamath Falls, Oregon 97603 32. Klamath Falls, Oregon 33. Klamath Falls, Oregon		State File Number 1. DATE OF DEATH (month day year) 2. May 7, 1985 3. DATE OF BIRTH (month day year) 4. 6 January 8, 1914 5. COUNTY OF DEATH 6. Klamath 7. IF HOSP OR INST. Indicate DOA 8. OP Emer. Rm. Inpatient (Specify) 9. Inpatient 10. COUNTY OF DEATH 11. Klamath 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 13. No 14. SOCIAL SECURITY NUMBER 15. 479-03-2371 16. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 17. Farmer 18. RESIDENCE—STATE 19. Oregon 20. FATHER—NAME 21. MOTHER—NAME 22. INFORMANT—NAME and relationship to decedent 23. Fern Godsey Wife 24. BURIAL, CREMATION, REMOVAL, MAUS, (specify) 25. Burial 26. FUNERAL SERVICE LICENSEE (or Person Acting as Such) 27. NAME AND ADDRESS OF FACILITY 28. Davenport's Chapel of the Good Shepherd 29. DATE RECEIVED BY REGISTRAR 30. MAY 8 1985 31. IMMEDIATE CAUSE 32. Pneumonia 33. Acute myelogenous leukemia 34. ACCIDENT (Specify Yes or No) 35. No 36. INJURY AT WORK (Specify Yes or No) 37. No 38. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 39. DATE OF INJURY (Mo, Day, Yr) 40. May 7, 1985 41. HOUR OF INJURY 42. DESCRIBE HOW INJURY OCCURRED 43. LOCATION 44. STREET OR R.F.D. NO 45. CITY OR TOWN 46. STATE 47. Klamath Falls, Oregon 48. Klamath Falls, Oregon 49. Klamath Falls, Oregon 50. Klamath Falls, Oregon	
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ORIGINAL-VITAL STATISTICS COPY

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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 Therese E. Ravin, Deputy Registrar
Date May 17, 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 22nd day of May A.D., 19 85 at 2:38 o'clock P M, and duly recorded in Vol M85, of Deeds on page 7625.

EVELYN BIEHN, COUNTY CLERK

by: Tom Smith, Deputy

Fee: \$ 5.00