## K-37871 CERTIFICATE OF DEATH

Sale File Number  Scale File Number  Sale File Number  VAN MSTER  DECCEASED TAME  File SALE AND MICH	TYPE A PRINT	F 449	☐ Vital	Records Unit					
DOSITION  TAKEN HOLD TO BEETH (FOR LIABLA)  TO STATE OF BEETH	RMANENT								
MADE SHOULD BE A MALE SOUTH STATE OF THE STA	INX	DECEASED—NAME Firs	1 Middle		TER	2	December	9, 1982	
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STATE OF BIRTH IT CALL U.S. A. OTHERN OF WAT COUNTRY MARGINED, MEYER MARKED, MEYER MAR		CITY, TOWN OR LOCATION OF DEATH	LUCCOTTAL OR OTHER INC	TITITION NAME	IF HOSP, OR INST, In OP/Emer., Rm., Inpati-			н	
SOCIAL SECURITY NUMBER  13 143 - 09 - 14260  15 143	EDENT	STATE OF BIRTH (If not in U.S.A., name country)	ITIZEN OF WHAT COUNTRY					AS DECEDENT EVER IN U.S. RMED FORCES? [Septy Yes or No]	
REDIDENCE-STATE  15. Klamath  1	DEATH	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (	give kind of work done during	most KI	ND OF BUSINESS TO TO THE	OR INDUSTRY	· ·	
TATHER-NAME first middle first MOTHER-Morden Name first middle last MOTHER-Morden Name first middle last MOTHER-Morden Name first middle last MOTHER Wile Last Name first middle last Name first middle last Name first Name first name first middle last Name first name first name first name first middle last Name first name	CASEMAL! HAYDBOOK	····	NTY CITY, T	OWN, OR LOCATION	STREET AND NO	IN JMBER OR R.F.D.	.zip 97601	Inside City Lunds (specity yes or no)	
SUBJECT   15 John   H. Van Meter   17 Mae   18 John   H. Van Meter	SNCE ITEMS	.50			tdla last IN	FORMANT-NAM	E and relationsh	ip to deceased	
RESIDION  OSTITION  OSTITI	<b>5</b> \	John H. Van Me	ter 17 Mae	384F					
To the best of my broyforbe, death coupled at the time, gate and place and the coupled stime time, gate and place and place and the coupled stime, gate and place and place and the coupled stime, gate and place an	<del></del>	REMOVAL, MAUS. (specify)	Eternal Hills	Memorial Gard	dens "	Klamat	h Falls	Oregon 97601	
To the best only knoyledge, death occupied at the line_place and place and to the cause(g) state cause(g) state of the cause(g) state of cause (g) state of the cause(g) state o	DOM:	Isignalula in the AV	200 64	.20 South Sixt	h Street,	Klamath	Falls,	Oregon 97001	
MARE AND ADDRESS OF CENTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  WEDITORS WERN THE CAUSE  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  210  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  221  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  222  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  223  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  224  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  225  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  226  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  226  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  227  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDED PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDED PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDED PHYSICIAN IN THE THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDED PHYSICIAN IN THE THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDED PHYSICIAN IN THE THAN CERTIFIER (Type or Pinn)  MARE OF ATTENDED PHYSICIAN IN THE THAN CERTIFIER (Type or Pinn)	_2(	To the best of my knowledge, dead due to the cause(s) stated	th occurred at the time, date and	place and W	DATE SIGNED [AR	a. Day. Ye.	ن ہے ا	UH OF DEATH	
MADITIONS IF ANY ISH GOVE RISE TO SECRIFICATE  MEDIATE  ACCIDENT [Secrify Yes or Abr)  ACCIDE		東京 NAME AND ADDRESS OF CERT	IFIER (Type or Print)	2680-B Uhr	mana Roa	d. Klar	ath Fa	lls. OR 97601	
MADITIONS IF ANY ISH GAVE RISE TO MEDIATE CAUSE  INTER ONLY ONE CAUSE PER LINE FOR Int. [2] AND [2] Interval between onset and death DETUTION  DUE TO OR AS A CONSEQUENCE OF:  [(b)	CC	NAME OF ATTENDING PHYSICI	AN IF OTHER THAN CERTIFIER	[Type or Print]					
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ATING THE DERLYING USE LAST  DUE TO, OR AS A CONSEQUENCE OF:  (b)	MEDIATE	23 IMMEDIATE CALISE			ANDICII /	Cken	مس	Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and death  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and death  (c) PART—OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause (liven in PART   (a)   AUTOPSY (Symoly Yes or Ab)    ACCIDENT (Specify Yes or Ab)   DATE OF INJURY (Ab, Day, Yr.)   HOUR OF INJURY   DESCRIBE HOW INJURY OCCURRED  ACCIDENT (Specify Yes or Ab)   DATE OF INJURY (Ab, Day, Yr.)   HOUR OF INJURY   DESCRIBE HOW INJURY OCCURRED  TO RIGHT AT WORK (Sweet)   PLACE OF INJURY At home, family short, factory, office building, etc. (Sweet)   26g    RESERVED FOR REGISTRAR'S USE	ATING THE DERLYING	PART (a)	OF:	Candin	<u> </u>	i vit		Interval between onset and death	
(c) PART OTHER SIGNIFICANT CONDITIONS—Conditions confidence to death but not related to classe given in PART 1 (a) AUTOPSY [Severity Test or Ab] [Severity Test or Ab] No [	$\rightarrow$	(b) (Athers.	slastilo	runny 7	m ()	z D.:	sacsa.	Interval between onset and death	
ACCIDENT [Specify Yes or Ab] DATE OF INJURY [Ab, Day, Yr.] HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  ACCIDENT [Specify Yes or Ab] DATE OF INJURY At home, family shoot, factory, 100 and Ab 100 office building, ofc [Syeryh] 26g NO 26g  RESERVED FOR REGISTRAR'S USE    No   Six   Si	<b>建筑建筑区域</b>	(6)				Linconevic		AS MEDICAL EXAMINER NOTIFIED	
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PLACE OF INDUSTY At Issue, farm sheet, below,   LOCATION   SHEET ORDER DEED CITY OR DOWN   STAIL	5				CRIBE HOW INJUR	IY OCCURRED		_	
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STATE OF GREGON		STATE OF GREGO	ON'						
County of Klamath  County of Klamath  This certifies that the foregoing is a correct and complete transcript of a		County of Kitor	náth	regoing is a	correct 3	nd comple	ete tran	script of a	
record of death on file with the Klamath County Department of Health Services.		record of	death on file wi	ith the <u>Klamat</u>	h County	Departmen	nt of He	alth Services.	
MARIAN ACKERMAN, Registrar Vital Statistics				MARIAN ACKERMA	N, Regist	rar Vita	l Statis	ties	
By Mana Cheman Deputy Registrar		(SEAL)	A Control of the Cont	By Manan	John 1	382 J	Deputy R	Registrar	
Return KCTC VOID IF ALTERED	Dates	w! KCTo	VOI	D IF ALTERED	1-01 9 P				
NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES	Me) W		HOUT RAISED SEA	L OF THE KLAMA	TH CO. DE	PT OF HE	ALTH SEF	RVICES	
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STATE OF OREGON: COUNTY OF KLAMATH:SS I hereby certify that the within instruction on the 13rh day of June and duly recorded in Vol 435, of	niment was received	and filed for 4:05 o'clock P M, on page 3014
<u> </u>		COUNTY CLERK

Fee: \$\_5.70 by: 14m

by: Am Am H, Deputy