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STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES

Vol. 1485 Page 10147

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HANDBOOK

240

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
ALICE		FAYE	BEYER	2 June 15, 1985		
RACE White, Black, American Indian, etc. (Specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Female	5a 80	5b	5c	6 September 22, 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., Rm., Inpatient (Specify)		COUNTY OF DEATH
7a Klamath Falls		7b 7850 Donegal Avenue				7d Klamath
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Ohio		9 U.S.A.		10 Widowed		12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		KIND OF BUSINESS OR INDUSTRY
13 540-56-8660		14a Housewife		11 Wendell G. Beyer		14b Homemaking
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D. ZIP		Inside City Limits (Specify Yes or No)
15 Oregon		15b Klamath	15c Klamath Falls	15d 7850 Donegal Avenue 97603		15e No
FATHER—NAME first middle last		MOTHER—first middle last (Maiden Name)		INFORMANT—NAME and relationship to deceased		
16 Charles F. Talbott		17 Grace - McGuire		18 Terry Beyer, son		
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or town state		
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon 97603		
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a William F. Newport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194				
To be Completed by CERTIFYING PHYSICIAN Only		21a (Signature) F. Geoffrey Marx		DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH
		21b NAME AND ADDRESS OF CERTIFIER (Type or Print)		21c 6/17/85		21d 11:35 A.M.
		21e F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601				
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
		21f				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr)		REGISTRAR				
22a JUN 17 1985		22b (Signature) M. Ackerman				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death				
PART I (a) Brain Tumor (Primary)		8 mo.				
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No				
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 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 (Signature) Deputy Registrar

Date June 19, 1985
VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT 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 1st day of July A.D., 1985 at 4:08 o'clock P.M., and duly recorded in Vol. 1485, of Deeds on page 10147.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: (Signature), Deputy

Return to:
Terry Beyer
2459 NE Hyde St.
Hillsboro, OR 97124