Vol. M85 Page 12494 \*85 AUG 7 PH 2 54 STATE OF OREGON OREGON STATE HEALTH DIVISION 51861 DEPARTMENT OF HUMAN RESOURCES Vital Records Unit State File Number CERTIFICATE OF DEATH TYPE R PRINT 272 DATE OF DEATH (month, day, year) Local File Number July 9, 1985 Middle Under 1 day DATE OF BIRTH (month, day, year) MANENT AMACKER DECEASED-NAME LACK CARL Under 1 year August 12, 1916 AGE-Last birthday FOR COUNTY OF DEATH SEX RACE White, Black, American Indian. (vears) IF HOSP, OR INST, Indicate DOA, OP/Emer, Rm., Inpatient [Specify] 68 RUCTIONS 5b Male 52 70 Klamath HOSPITAL OR OTHER INSTITUTION NAME SEE NDBOOK eic (specify) White WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or Act] 12 Yes CITY, TOWN OR LOCATION OF DEATH SPOUSE (IF MARRIED, WIDOWED) (if not in either, give street and his 5621 Casa Way MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specif Klamath Falls CITIZEN OF WHAT COUNTRY CED (specify) Ruby Amacker STATE OF BIRTH (If not in USA. KIND OF BUSINESS OR INDUSTRY USUAL OCCUPATION (give kind of work done during most of working life, even if retired)

14a Equipment Operator Pacific Power & Hight Company U.S.A. EDENT Mississippi DEATH URRED IN TITUTION. HANDBOOK GARDING PLETION OF ENCE ITEMS Inside City Limits (specify yes or no) 15e NO STREET AND NUMBER OF R.F.D., ZIP 97603 SOCIAL SECURITY NUMBER CITY, TOWN, OR LOCATION 428-01-9367 15c Klamath Falls 15d 5621 Casa Way INFORMANT—NAME and relationship to deceased COUNTY RESIDENCE-STATE 150 Klamath (Maiden Name) Ruby Amacker, wife last . Oregon MOTHER-first last Simmons FATHER-NAME CATION Emma Oregon97603 Amacker 19c Klamath Falls; 19a Of Gillattion/ Duritaly 19b External rills Melliorial Gardens 19c Klamath Falls, Oregon 97603—719.

19a Of Gillattion/ Duritaly 19b External rills Melliorial Gardens 19c Klamath Falls, Oregon 97603—719.

20a 6420 South Sixth Street, Klamath Falls, Oregon 97603—719.

To the field of my focused the grade and place and plac EURIAL CREMATION, REMOVAL MAUS (SPECT) 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194 OSITION George Zupan, MD, 1905 Main Street, Klamath Falls, Oregon 97601 21a | Signature | VIII | NAME AND ADDRESS OF CERTIFIER | Type NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ATIFIER To be REGISTRAR DATE RECEIVED BY REGISTRAR [AN. Day, 11] 220 | Signature | Addition UNITIONS IF ANY HICH GAVE RISE TO IMEDIATE HOURS LENTER ONLY ONE CAUSE PER LINE FAILURE MONTHS (a) <u>PES PIRA TOR!</u>
DUE TO, OR AS A CONSEQUENCE OF: CAUSE ATING THE IDERLYING JUSE LAST val between onset and death CARCINOLIA LUNG DAT CELL WAS MEDICAL EXAMINER NOTIFIED DUE TO, OR AS A CONSEQUENCE OF: AUTOPSY (Specify Yes or No) NO OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) USE OF 24 DESCRIBE HOW INJURY OCCURRED ACCIDENT [Specify Yes or No] DATE OF INJURY [Mo., Day, Yr.] HOUR OF INJURY CITY OR TOWN STREET OR R.F.D. NO. M 26d LOCATION PLACE OF INJURY—At home, farm, stri office building, etc. [Specify] INJURY AT WORK
[Specify Yes or Ab]
26e NO RESERVED FOR REGISTRAR'S USE ORIGINAL - VITAL STATISTICS COPY 45-2 REV. 12-83 STATE OF OREGON This certifies that the foregoing is a correct and complete transcript county of Klamath sof a record of death on file with the Klamath County Department of MARIAN ACKERMAN, Registrar Vital Statistics Hegun Services L Deputy Registrar Ву [SEAL] Date NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES. STATE OF OREGON: COUNTY OF KLAMATH: day 2:54 o'clock P M., and duly recorded in Vol. M85 Filed for record at request of A.D., 19 \_\_\_85 at \_\_ Deeds County Clerk Evelyn Biehn FEE \$5.00 97603 5621 Casa Way, Klamath Falls, Oregon Ret: Ruby Amacker