

1. Race or Ethnicity <i>White</i>		2. Sex <i>Male</i>		3. Date of Birth (month, day, year) <i>January 23, 1898</i>	
4. City, Town, or Location of Death <i>Klamath Falls</i>		5. Hospital or Other Institution (Name) <i>Terrell West Medical Center, Inpatient</i>		6. County of Death <i>Klamath</i>	
7. State of Birth (if not in U.S.) <i>Minnesota</i>		8. Citizen of What Country <i>U.S.A.</i>		9. Marital Status (Specify) <i>Married</i>	
10. Social Security Number <i>714-07-3368</i>		11. Usual Occupation (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		12. Kind of Business or Industry <i>Railway Express Agency</i>	
13. Residence—State <i>Oregon</i>		14. County <i>Klamath</i>		15. City, Town, or Location <i>Sprague River</i>	
16. Street and Number or R.F.D., ZIP <i>Box 51</i>		17. Inside City Limits (specify yes or no) <i>NO</i>		18. Informant—Name and relationship to deceased <i>Maude Inez Lisecki, Wife</i>	
19. Burial <i>Burial</i>		20. Cemetery or Crematory—Name <i>Klamath Memorial Park</i>		21. Location—city or town, state <i>Klamath Falls, Oregon</i>	
22. Funeral Service Licensee or Person Acting As Such (Signature) <i>Mike [Signature]</i>		23. Name and Address of Facility <i>Quair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or</i>			
24. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>Steve Sharp, M.D.</i>		25. Date Signed (Mo., Day, Yr.) <i>7/2/83</i>		26. Hour of Death <i>2:50 P. M</i>	
27. Name and Address of Certifier (Type or Print) <i>Steve Sharp, M.D., Chiloquin Medical Center, Chiloquin, Oregon 97639</i>		28. Name of Attending Physician if Other Than Certifier (Type or Print)			
29. Date Received by Registrar (Mo., Day, Yr.) <i>JUL 5 1983</i>		30. Registrar (Signature) <i>Christina [Signature]</i>			
31. Immediate Cause <i>respiratory failure</i>		32. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		33. Interval between onset and death <i>6 hours</i>	
34. (b) <i>extensive pulmonary metastases with pleural effusion</i>				35. Interval between onset and death <i>2 months</i>	
36. (c) <i>renal adenocarcinoma</i>				37. Interval between onset and death <i>6 months</i>	
38. Other Significant Conditions—Conditions contributing to death but not related to cause given in Part I (a) <i>none</i>		39. Autopsy (Specify Yes or No) <i>No</i>		40. Was Medical Examiner Notified (Specify Yes or No) <i>No</i>	
41. Accident (Specify Yes or No) <i>No</i>		42. Date of Injury (Mo., Day, Yr.)		43. Hour of Injury	
44. Describe How Injury Occurred		45. Location		46. Street or R.F.D. No.	
47. City or Town		48. State		49. Injury at Work (Specify Yes or No) <i>No</i>	
50. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)		51. Reserved for Registrar's Use			

After recording return to:
Maude I. Lisecki
1505 Madison Space #61
Klamath Falls, Oregon 97603

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 Christina [Signature], Deputy Registrar
Date JUL 5 1983

VOID IF ALTERED

NOT VALID WITHOUT REGISTERED SEAL OF THE KLAMATH COUNTY DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 22nd day
of _____ October _____ 85 at 3:51 o'clock P. M., and duly recorded in Vol. _____ M85
of _____ Deeds _____ on Page 17172.

FEE \$5.00

Evelyn Biehn, County Clerk
By [Signature]