

CERTIFICATE OF DEATH

DECEASED - NAME Benjamin George POOL		State File Number	
RACE (White, Black, American Indian, etc.) White		SEX Male	AGE - Last birthday (years) 72
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF DEATH (month, day, year) October 9, 1985	
HOSPITAL OR OTHER INSTITUTION - NAME 2425 Summers Lane, Space # 5		DATE OF BIRTH (month, day, year) May 6, 1913	
STATE OF BIRTH (if not in U.S.A.) Oregon	CITIZEN OF WHAT COUNTRY U.S.A.	IF HOSP. OR INST. Indicate DOA Of Emer., Rm., Inpatient [Specify] 7c	COUNTY OF DEATH Klamath
SOCIAL SECURITY NUMBER 525-09-4427	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Shop Foreman	SPOUSE (IF MARRIED, WIDOWED) Zelma D. Pool	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
RESIDENCE - STATE Oregon	COUNTY Klamath	KIND OF BUSINESS OR INDUSTRY Dept. Of Interior/U.S. Park Ser	
FATHER - NAME Ervin P. Pool	MOTHER - NAME Mary B. Smyth	STREET AND NUMBER OR R.F.D., ZIP 2425 Summers Lane, Space # 5 97603	
BURYAL, CREMATION, REMOVAL, MAUSOLEUM (Specify) Burial		INFORMANT - NAME and relationship to deceased Zelma D. Pool, wife	
CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens		LOCATION City or town Klamath Falls, Oregon	
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Q'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,	
DATE RECEIVED BY REGISTRAR (Month, Day, Year) OCT 9 1985		REGISTRAR <i>[Signature]</i>	
IMMEDIATE CAUSE Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH 5 Min.	
DUE TO: OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 12 Years	
DUE TO: OR AS A CONSEQUENCE OF Conjunctive Failure with Cardiovascular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Month, Day, Year) 26b	HOUR OF INJURY 26c	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO 26h
CITY OR TOWN 26i		STATE 26j	

ORIGINAL-VITAL STATISTICS COPY

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 **Oct 10 1985**

VOID IF ALTERED

HEALTH SERVICES DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of _____ A.D. 19 85 at 12:45 o'clock P M., and duly recorded in Vol. MR5 of Deeds on Page 18426

FEE \$5.00

By *[Signature]* County Clerk