Via licensial CERTIFICATE OF DEATH File Numbe Dec CA . EATH (month day year November 8, 1985 PATRICK HACK Noel etc (specify)
White DATE OF BIRTH (month day year Under 1 day RACE White Black American Indian AGE-Last birthda Under 1 year FOR (years) April 2, 1907 78 STRUCTION Male F HOSP OR INST Indicate DOA. OP/Emer. Rm. Inpatient (Specify) COUNTY OF DEATH HOSPITAL OR OTHER: INSTITUTION-CITY, TOWN OR LOCATION OF DEATH (If not in either, give sizes and number)  $_{7b}\,2505\,$  N.LE: St.Klamath Klamath Falls Christena M. Patrick No MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married SPOUSE (IF MARRIED WIDOWED) STATE OF BIRTH IT IN AUSA CITIZEN OF WHAT COUNTRY DECEDENT U.S.A. DECEMBED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS Oregon KIND OF BUSINESS OR INDUSTRY USUAL OCCUPATION (give kind of work done during mos SOCIAL SECURITY NUMBER of working life an if retired)
14a Car Man/Railroad Railroad 13541-09-8208 Inside City Limits (specify yes or no STREET AND NAMEER OR R.F.D., ZIP 97603 RESIDENCE-STATE COUNTY CITY, TOWN, OR LOCATION 15a 2505 Nile St. 15c Klamath Falls Klamath Oregon Christena M. Patrick, Wife Elizabeth - Carlyle Wilford Hugh Patrick BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Klamath Falls, Ore. 19a Burial 196 Klamath Memorial Park DISPOSITION FINERAL SERVIC aO'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls DATE SIGNED (Ato Day 11) HOUR OF DEATH M.D. 210 CERTIFIER 1905 Main St., Klamath Falls, Ore. 97601 21d Craig A. Bennett, M.D., 1905 Main NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type of Print] CONDITIONS
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EXATING THE
UNDERLYING
CAUSE LAST DATE RECEIVED BY REGISTRAR (M. Day YI) REGISTRAR NOV 1 2 1985 IENTER ONLY ONE CAUSE PER LINE FOR (al. [b], AND [c]. [ (a) <u>Alz heines</u>
DUE TO, OR AS A CONSEQUENCE OF wisi between onser and death DUE TO, OR AS A CONSEQUENCE OF CAUSE OF PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) DEATH WAS MEDICAL EXAMINER NOTIFIED No ACCIDENT [SOSCAL YES OF AD] DATE OF INJURY [AD. Day, Yr] HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED STREET OR R F D NO 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 Deputy Registrar LAMATH CO. DEPARTMENT After recording, return to: H.F. SMITH Attorney at Law Klameth Falls, OR 9760 STATE OF OREGON: COUNTY OF KLAMATH: Filed for record at request of A.D., 19 85 at 11:16 o'clock A M., and duly recorded in Vol. November \_ on Page \_ of. Evelyn Biehn, County Clerk

FEE \$5.00