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DEPARTMENT OF HUMAN RESOURCES

453

CERTIFICATE OF DEATH

Local File Number — State File Number

1 DECEDENT—NAME (First) EDWARD	(Middle) C.	(Last) FLANDERS		2 DATE OF DEATH (month, day, year) December 6, 1984	
3 RACE (White, Black, American Indian, etc. (Specify)) White	4 SEX Male	5a AGE—Last Birthday (years) 70	5b Under 1 year (mos. / days)	5c Under 1 day (hours / min.)	6 DATE OF BIRTH (month, day, year) June 21, 1914
7a CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		7c If Hosp or Inst: Inpatient, DOA, Emergency, Other (Specify) Inpatient	7d COUNTY OF DEATH Klamath	
8 STATE OF BIRTH (If not in U.S.A. name country) Washington	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SPOUSE (If married, widowed, or divorced) Violette M. Elton	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
13 SOCIAL SECURITY NUMBER 545-12-4578	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		14b KIND OF BUSINESS OR INDUSTRY Construction		
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Malin	15d STREET AND NUMBER OR R.F.D., ZIP HC 62 Box 165 97632	15e Inside City Limits (specify yes or no) No	
16 FATHER—NAME (First, middle, last) Edward C. Flanders, Sr.	17 MOTHER (First, middle, last) (Maiden Name) Ida - McElroy		18 INFORMANT—NAME and relationship to deceased Violette M. Flanders, wife		
19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify) Cremation	19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		19c LOCATION (City or town, state) Klamath Falls, Oregon 9		
20a FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) William J Davenport	20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194				

To be Completed by Certifying Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature) Kenneth L. Tuttle MD — 21b DATE SIGNED (Mo. Day, Yr.) December 7, 1984 — 21c HOUR OF DEATH 3:55 P m

22a NAME AND ADDRESS OF CERTIFIER (Type or Print) Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601

22b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22c

DIRECTIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATED ON LINE IDENTIFIED ABOVE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
PART I (a) Metastatic malignant melanoma		Interval between onset and death 2 years
DUE TO, OR AS A CONSEQUENCE OF (b)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF (c)		Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given on PART I (a)	AUTOPSY (Specify Yes or No) 24 No	WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No) 25 No

ACCIDENT (Specify Yes or No) 26a No	DATE OF INJURY (Mo. Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) 27a DEC 8 1984 — REGISTRAR 27b (Signature) Barbara E. Crumbo

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 12-82

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Barbara E. Crumbo Deputy Registrar

Date DEC 10 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 21st day of January A.D., 19 86 at 2:39 o'clock P M., and duly recorded in Vol M86 of Deeds on Page 1220

Evelyn Biehn, County Clerk

FEE $5.00 By Ben Smith

Ret: Violette Flanders HC 62, Box 165, Malin, Oregon 97632