

63940

86 JUL 23 1986

Vol. 1186 Page 12847

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

4
5
6

DECEASED - NAME		First		Middle		Last		State File Number	
Bill		Van		BEAN				2 July 12, 1986	
1 RACE White, Black, American Indian, etc. (specify)		3 SEX Male		4 AGE - Last birthday (years)		5a 56		5b Under 1 year	
6 January 7, 1930		7a Chiloquin		7b Hwy. 422 So.		7c Klamath		7d Klamath	
8 Missouri		9 U. S. A.		10 Married		11 Geraldine		12 YES	
13 543-30-7855		14a Logger		14b Self-Employed		15a No		15b No	
16 Frank Roger Bean		17 Pearl Lee Carnell		18 Geraldine Maric Bean - Wife		19c Grants Pass, Oregon		97526	
19a Cremation		19b Hull & Hull Crematory		20a Hull & Hull Fnl. Dir., Inc., 612 NW A St., Grants Pass, OR		20b 7-15-86		20c 08:45 A.M.	
21a Robert Mullen, M. D., P. O. Box 466, Chiloquin, Oregon		21b 97624		21c 97624		21d Robert Mullen, M. D., P. O. Box 466, Chiloquin, Oregon		21e 97624	
22a July 24, 1986		22b Robert Mullen, M. D., P. O. Box 466, Chiloquin, Oregon		22c Robert Mullen, M. D., P. O. Box 466, Chiloquin, Oregon		22d Robert Mullen, M. D., P. O. Box 466, Chiloquin, Oregon		22e Robert Mullen, M. D., P. O. Box 466, Chiloquin, Oregon	
23a Respiratory Failure		23b End Stage Nodular Poorly Differentiated NonHodgkins Lymphoma		23c Severe Anemia		23d No		23e NO	
24a No		24b No		24c No		24d No		24e No	
25a No		25b No		25c No		25d No		25e No	
26a No		26b No		26c No		26d No		26e No	
27a No		27b No		27c No		27d No		27e No	
28a No		28b No		28c No		28d No		28e No	
29a No		29b No		29c No		29d No		29e No	
30a No		30b No		30c No		30d No		30e No	
31a No		31b No		31c No		31d No		31e No	
32a No		32b No		32c No		32d No		32e No	
33a No		33b No		33c No		33d No		33e No	
34a No		34b No		34c No		34d No		34e No	
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37a No		37b No		37c No		37d No		37e No	
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100a No		100b No		100c No		100d No		100e No	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

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 Robert Mullen, M.D. Deputy Registrar

Date July 22, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 23rd day
of July A.D., 1986 at 9:50 o'clock A M., and duly recorded in Vol. M86
of Deeds on Page 12847

Evelyn Biehn, County Clerk

By Robert Mullen, M.D.

FEE \$5.00

Chiloquin, OR 97624
P.O. Box 523
Marian Ackerman