

DECEASED
 OCCURRED IN INSTITUTION
 SEE HANDBOOK
 REGISTRATION
 COMPLETELY
 RESIDING IN STATE

STATE OF OREGON
County of Klamath
U.S.A.
542-38-9962
RESIDENCE - STATE Oregon
CITY/TOWN OR LOCATION Klamath Falls
STREET AND NUMBER OR R.F.D. NO. 5422 Villa Dr.
ZIP 97603
FATHER - NAME Henry - Lemler
MOTHER - first middle last (Maiden Name) Amelia - Pregg
INFORMANT - NAME and relationship to deceased Isabel C. Lemler, wife
LOCATION city or town Klamath Falls, Ore.
BURIAL, CREMATION, REMOVAL, MAUS (specify) Cremation
CEMETERY OR CREMATORY - NAME Klamath Cremation Service
FUNERAL SERVICE LICENSEE or person acting as such Mike [Signature]
NAME AND ADDRESS OF FACILITY G. Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls
DATE SIGNED (Mo., Day, Year) 3-19-86
HOUR OF DEATH 6:00 A.M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) David D. Reeder, M.D., 2301 Mountain View Blvd., Klamath Falls, Ore. 97601
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) March 20, 1986
REGISTRAR [Signature]
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE PART I (a) AND (b))
PART I (a) Carcinoma Prostate - widespread metastatic
Interval between onset and death Months
PART I (b) DUE TO, OR AS A CONSEQUENCE OF
Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
ACCIDENT (Specify Yes or No) No
DATE OF INJURY (Mo., Day, Year)
HOUR OF INJURY
DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No)
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐
WAS GIFT MADE? YES ☐ NO ☒ N/A ☐
RESERVED FOR REGISTRAR'S USE

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: March 20, 1986

VOID IF REPRODUCED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of August A.D. 19 86 at 8:43 o'clock A M., and duly recorded in Vol. 486 of Deeds on Page 13816

FEE \$5.00

Return: Crane & Bailey, Attorneys at Law

Evelyn Biehn, County Clerk

By [Signature]

540 Main St., Klamath Falls, Ore. 97601