

CERTIFICATE OF DEATH

State File Number

DECEASED - NAME BOHNE JEAN FERNLUND		DATE OF DEATH (month, day, year) August 5, 1986	
RACE (specify) White		AGE - Last birthday (years) 61	DATE OF BIRTH (month, day, year) December 5, 1924
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) Merle West Medical Center	IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify) Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Oregon	CITY, TOWN OR WHAT COUNTRY U.S.A.	MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	SPOUSE (IF MARRIED, WIDOWED) George
SOCIAL SECURITY NUMBER 544 - 42 - 9272	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTRY At Home	
RESIDENCE - STATE Oregon	COUNTY Klamath	CITY, TOWN OR LOCATION Bonanza	STREET AND NUMBER OR R.F.D. Rt. 1 Box 108
FATHER - NAME first middle last Nelson Smith		MOTHER - first middle last (Maiden Name) Dorris Tuttle	
BURIAL, CREMATION, REMOVAL, LAIR (specify) Crementation		CEMETERY OR CREMATORY - NAME Internal Hills Memorial Gardens	LOCATION city or town state Klamath Falls, Ore.
FUNERAL SERVICE LICENSEE or person acting as such (Signature) Tom Duncanson		NAME AND ADDRESS OF FACILITY Hard's Funeral Home / 1945 Main St. / Klamath Falls, Ore.	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Arthur Freeland		DATE SIGNED (Mo., Day, Year) 8/5/86	HOUR OF DEATH 12:55 A. M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Arthur Freeland, MD - 1905 Main St. - Klamath Falls, Oregon		ZIP 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) August 6, 1986		REGISTRAR James E. Cravink	
IMMEDIATE CAUSE PART I (a) Renal failure		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c). Interval between onset and death 48 hrs.	
(b) Large cell carcinoma of lung, metastatic		Interval between onset and death Dx 1/86	
(c)		Interval between onset and death	
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 (Mo., Day, Year)	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
PLACE OF INJURY - (At home, farm, street, factory, office building, etc. (Specify))		LOCATION	
STREET OR R.F.D. NO.		CITY OR TOWN	
STATE			
OLD HOSPITAL REPRESENTATIVE MAKE RECORD FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-85

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 **James E. Cravink** Deputy Registrar

Date **August 7, 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 12th day of August A.D., 19 86 at 11:24 o'clock A. M., and duly recorded in Vol. M86 of _____ Deeds on Page 14211.

FEE \$5.00

Return: Proctor & Fairclo

280 Main St., Klamath Falls, Oregon 97601

Evelyn Biehn, County Clerk
By **Pat Smith**