CERTIFICATE OF DEATH Vol M86 Page 14530

Vital Records Unit

Local File Number

State File Number

DECEDENT—NAME First: Ralph Middle: Edward Last: Benoist

DATE OF DEATH (month, day, year): 2 September 2, 1983

RACE: 3 White | SEX: 4 Male | AGE—Last birthday (years): 5a 77 | Under 1 year: 5b | Under 1 day: 5c

DATE OF BIRTH (month, day, year): 6 June 30, 1906

CITY, TOWN OR LOCATION OF DEATH: 7a Klamath Falls | HOSPITAL OR OTHER INSTITUTION—NAME: 7b 898 Old Midland Rd. | IF HOSP. OR INST. indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7c —

COUNTY OF DEATH: 7d Klamath

STATE OF BIRTH (If not in U.S.A. name country): 8 Ohio | CITIZEN OF WHAT COUNTRY: 9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10 Married | SPOUSE (If married, widowed): 11 Mary Virginia Benoist | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12 No

SOCIAL SECURITY NUMBER: 13 543-10-0690 | USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Superintendant Box Factory | KIND OF BUSINESS OR INDUSTRY: 14b Lumber (Weyco Corp.)

RESIDENCE—STATE: 15a Oregon | COUNTY: 15b Klamath | CITY, TOWN, OR LOCATION: 15c Klamath Falls | STREET AND NUMBER OR R.F.D., ZIP 97603: 15d 898 Old Midland Rd. | Inside City Limits (specify yes or no): 15e No

FATHER—NAME first middle last: 16 Samuel Benoist | MOTHER—Maiden Name first middle last: 17 Rosa M. Province | INFORMANT—NAME and relationship to deceased: 18 Mary Virginia Benoist, Wife

BURIAL, CREMATION, REMOVAL, OTHER (specify): 19a Burial | CEMETERY OR CREMATORY—NAME: 19b Mt. Laki Cemetery | LOCATION city or town state: 19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): 20a [signature] | NAME AND ADDRESS OF FACILITY: 20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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

21a (Signature): Everett E. Howard MD | DATE SIGNED (Mo. Day, Yr.): 21b 9-6-83 | HOUR OF DEATH: 21c 6:00 A. M

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): 22a SEP 6 1983 | REGISTRAR 22b (Signature): [signature]

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) MYOCARDIAL INFARCTION

DUE TO, OR AS A CONSEQUENCE OF: (b) ARTERIOSCLEROTIC HEART DISEASE — Interval between onset and death: MINUTES

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 in PART I (a): PULMONARY EMPHYSEMA — Interval between onset and death:

ACCIDENT (Specify Yes or No): 26a | DATE OF INJURY (Mo. Day, Yr.): 26b | HOUR OF INJURY: 26c M | DESCRIBE HOW INJURY OCCURRED: 26d | AUTOPSY (Specify Yes or No): 24 No | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 Yes

INJURY AT WORK (Specify Yes or No): 26e | 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

21-2 (11/81)

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 [signature], Deputy Registrar

Date SEP 6 1983

VOID IF ALTERED

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

Return MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 15th day of August A.D., 19 86 at 2:49 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 14530.

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]