

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

A 9101
ID TAG NO.
33/

State File Number

1 DECEASED - NAME Home		2 DATE OF DEATH (month, day, year) August 23, 1986	
3 RACE (Specify) White		4 SEX Male	
5 AGE - Last birthday (years) 56		6 DATE OF BIRTH (month, day, year) March 9, 1930	
7a CITY, TOWN OR LOCATION OF DEATH Gilchrist		7b HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) HC 32	
8 STATE OF BIRTH (If not in U.S., name country) Oklahoma		9 CITIZEN OF WHAT COUNTRY USA	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Catherine	
12 SOCIAL SECURITY NUMBER 546-30-6833		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	
14a RESIDENCE - STATE Oregon		14b CITY, TOWN OR LOCATION Klamath	
15a STREET AND NUMBER OR R.F.D. HC 32 Box 122		15b ZIP 97737	
16 FATHER - NAME first middle last Fred Gaines Smith		17 MOTHER - first middle last (Maiden Name) Myrtle Teague	
18 INFORMANT - NAME and relationship to deceased Catherine Smith, Wife		19a LOCATION city or town Bend, Oregon	
20a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		20b CEMETERY OR CREMATORY - NAME Central Oregon Cremation Association	
21a FURNERAL SERVICE LICENSEE or person acting as such (Signature) <i>[Signature]</i>		21b NAME AND ADDRESS OF FACILITY Niswonger-Reynolds, Inc. 105 NW Irving Bend, Or 97701	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Advanced carcinoma of lung		22b DATE SIGNED (Mo., Day, Year) 8-25-86	
23a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Richard H. Woods, M.D.		23b ZIP 97701	
24a DATE RECEIVED BY REGISTRAR (M., Day, Year) August 25, 1986		24b REGISTRAR <i>[Signature]</i>	
25a IMMEDIATE CAUSE Advanced carcinoma of lung		25b INTERVAL BETWEEN ONSET AND DEATH 4 months	
26a OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) None		26b AUTOPSY (Specify Yes or No) No	
27a ACCIDENT (Specify Yes or No) No		27b DATE OF INJURY (Mo., Day, Year) None	
28a INJURY AT WORK (Specify Yes or No) No		28b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) None	
29a DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? NO		29b WAS GIFT MADE? NO	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-65

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 **August 25, 1986**

VOID IF ALTERED

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 **28th** day of **August**, A.D., 19 **86** at **12:01** o'clock **P.** M., and duly recorded in Vol. **186** of _____

FEE \$5.00
NISWONGER-REYNOLDS, INC.
P.O. BOX 229
BEND, OREGON 97701

Evelyn Biehn, County Clerk
By *[Signature]*