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MTC-17998-K

503

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol M87 Page 6978

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

1 DECEASED—NAME: First HAROLD; Middle GRAY; Last MARKS

2 DATE OF DEATH (month, day, year): November 29, 1985

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last Birthday (years): 78

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): July 3, 1907

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 4436 Denver - At Home

7c IF HOSP OR INST: Indicate DOA, OP/Emer., Rm., Inpatient [Specify]

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA, name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ruth P.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 543-07-9675

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired - Logger

14b KIND OF BUSINESS OR INDUSTRY: Logging

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4436 Denver 97603

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Jacob E. Marks

17 MOTHER—first middle last (Maiden Name): Mary I. Gray

18 INFORMANT—NAME and relationship to deceased: Ruth Marks / Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or Person Acting As Such [Signature]: James R. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main St. / Klamath Falls, Ore.

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

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

21b DATE SIGNED [Mo. Day Yr.]: 12/2/85

21c HOUR OF DEATH: 6:30 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Everett E. Howard, MD 2622 Campus Dr. Klamath Falls, Ore.

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr.]: December 2, 1985

22b REGISTRAR [Signature]: Zachariah E. Chamberlain

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE

PART I (a) METASTATIC LUNG CANCER — Interval between onset and death: 2 MONTHS

[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo. Day Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No				No	Yes

26e INJURY AT WORK [Specify Yes or No]

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]

26g LOCATION STREET OR R F D NO CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

return to:
Ed Marks
1130 Shetler Ave
Napa CA 94558

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 12-83

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 Zachariah E. Chamberlain, Deputy Registrar

Date December 2, 1985

VOID IF ALTERED

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 Mountain Title Company of April A.D., 19 87 at 1:07 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 6978.

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]

the 24th day