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76251 | A 6800 ID TAG NO. | 211 Local File Number

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

Vol. M87 Page 11281

CERTIFICATE OF DEATH
ORS — 146

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEASED — NAME: 1 Louis (First) F. (Middle) PEREZ (Last)

State File Number

2 DATE OF DEATH (month, day, year): May 23, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 83

5b Under 1 year — mos. / days

5c Under 1 day — hours / min.

6 DATE OF BIRTH (month, day, year): June 27, 1903

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 4011 Mazama Drive

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify):

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Louisiana

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Loretta C. Clark

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 545-09-2347

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paymaster

14b KIND OF BUSINESS OR INDUSTRY: Armor & Company

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4011 Mazama Drive ZIP: 97603

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

16 FATHER — NAME first middle last: Francisco Antonio Perez

17 MOTHER — first middle last (Maiden Name): Mary Alice Dittmar

18 INFORMANT — NAME and relationship to deceased: Loretta C. Perez, wife

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon97

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): 5:15 P M

21b THE DECEASED WAS PRONOUNCED DEAD (Month) May (Day) 23 (Year) 1987 (Hour) 6:10 P M

21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): William A. Bartlett

21e NAME AND TITLE — (Type or Print): Wm. A. Bartlett, MD

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): May 27, 1987

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): May 27, 1987

22b REGISTRAR (Signature): Katherine E. Cranick

CAUSE OF DEATH

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

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

PART I (a) Extensive Metastases — Interval between onset and death: Weeks

DUE TO, OR AS A CONSEQUENCE OF:

(b) Adenocarcinoma of Colon — Interval between onset and death: Months

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)

24 AUTOPSY (Specify Yes or No): Yes

25a DATE OF INJURY (Month, Day, Year)

25b HOUR

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)

25d INJ. AT WORK (Specify Yes or No)

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

25f LOCATION (Street or R.F.D. No., City or Town, County, 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

45-107 Rev. 1-86

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 Katherine E. Cranick, Deputy Registrar

Date May 27, 1987

VOID IF ALTERED

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

Exh 100 5

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Loretta Perez of June A.D., 19 87 at 9:58 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 11281 the 29th day

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith