

Second Klamath County

77241

A2534

ID TAG NO.

347

Local File Number

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

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TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

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

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

STATE OF OREGON, COUNTY OF DESCHUTES
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE DESCHUTES COUNTY HEALTH DEPARTMENT AND IN MY OFFICIAL CARE AND CUSTODY.
NOT VALID WITHOUT RAISED SEAL OF DESCHUTES COUNTY HEALTH DEPARTMENT

Ret.
NISWONGER-REYNOLDS, INC.
P.O. Box 229
BEND, OR 97709

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of July A.D. 19 87 at 11:27 o'clock

FEE \$5.00

July 16, 1987
DATE
A M., and duly recorded in Vol. M87, Page 13044
Evelyn Biehn, County Clerk
By [Signature]