

CERTIFICATE OF DEATH

DECEASED - NAME: **RICHARD LATTI FLEMING** State File Number: **463**

RACE: **White** SEX: **Male** AGE - Last birthday (years): **85** DATE OF DEATH (month, day, year): **December 15, 1978**

CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls** DATE OF BIRTH (month, day, year): **February 12, 1893**

COUNTY OF DEATH: **Klamath** HOSPITAL OR OTHER INSTITUTION - NAME: **Kl. County Nursing Home**

STATE OF BIRTH (if not in U.S.A., name country): **Tennessee** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): **Married**

SOCIAL SECURITY NUMBER: **544 - 20 - 2956 - A** USUAL OCCUPATION (give kind of work done during most of working life, even if retired): **Carpenter - Retired** SPOUSE (IF MARRIED, WIDOWED): **Myrtle I. Fleming**

RESIDENCE - STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN OR LOCATION: **Klamath Falls** STREET AND NUMBER OR R.F.D., ZIP: **9004 Highway # 39**

FATHER - NAME: **David - Fleming** MOTHER - Maiden Name: **Marv Jane Elizabeth Roberts** KIND OF BUSINESS OR INDUSTRY: **Construction**

BURIAL, CREMATION, REMOVAL, MAUS. (Specify): **Burial** CEMETERY OR CREMATORY - NAME: **Eternal Hills Memorial Gardens** INFORMATION - NAME and relationship to deceased: **Myrtle I. Fleming (Wife)**

FUNERAL SERVICE LICENSEE or person Acting As Such: **William G. Holford, Jr., M.D.** NAME AND ADDRESS OF FACILITY: **St. Mary's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601**

CERTIFIER - NAME AND TITLE: **William G. Holford, Jr., M.D.** DATE SIGNED (Mo., Day, Yr.): **12-18-78** HOUR OF DEATH: **6:40 P. M.**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **William G. Holford, Jr., M.D., 4036 South 6th. Street, Klamath Falls, Oregon 97601**

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **DEC 19 1978** REGISTRAR: **Marian Ackerman**

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

(a) **Cardiac Arrest** Interval between onset and death: **2 days**

(b) **Arterio Sclerosis** Interval between onset and death: **2 days**

(c) **Arterio Sclerosis** Interval between onset and death: **2 days**

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

ACCIDENT (Specify Yes or No): **No** DATE OF INJURY (Mo., Day, Yr.): **26b** HOUR OF INJURY: **26c** DESCRIBE HOW INJURY OCCURRED: **26d** AUTOPSY (Specify Yes or No): **No** WAS CASE REFERRED TO MEDICAL EXAMINER: **No**

INJURY AT WORK (Specify Yes or No): **No** 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

Return To:
Jim McCobb
407 Pine
Klamath Falls, Oregon 97601

VS-2 Rev-8-78 P-65412

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 **Marian Ackerman** Deputy Registrar
Date **DEC 20 1978**

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Klamath County Title Co.**
of **June** A.D., 19 **89** at **3:42** o'clock **P. M.**, and duly recorded in Vol. **m89**
of **Deeds** on Page **9862**
FEE \$8.00
Evelyn Biehn, County Clerk
By **Pauline M. Mendenhall**