STATE OF BIRTH (If not in U.S.A. name country) California | CITIZEN OF WHAT COUNTRY U.S. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married | SPOUSE (If married, widowed) Barbara | 7c Inpatient | 7d Multnomah

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

SOCIAL SECURITY NUMBER 13 574-54-3597 | USUAL OCCUPATION Machinist | KIND OF BUSINESS OR INDUSTRY 14b Automotive Repair

RESIDENCE — STATE 15a Oregon | COUNTY 15b Klamath | CITY, TOWN OR LOCATION 15c Klamath Falls | STREET AND NUMBER OR R.F.D. 15d 1763 Arthur Street | ZIP 97603 | Inside City Limits (specify yes or no) 15e Yes

FATHER — NAME first middle last 16 Dair Magnuson | MOTHER — first middle last (Maiden Name) 17 Lara Evenston | INFORMANT — NAME and relationship to deceased 18 Barbara Magnuson Spouse

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Removal/Burial | CEMETERY OR CREMATORY — NAME 19b Pine Grove Cemetery | LOCATION city or town state 19c McArthur, California

FUNERAL SERVICE LICENSEE (or person acting as such) (Signature) 20a [signature] | NAME AND ADDRESS OF FACILITY Finley's Sunset Hills 6801 SW Sunset Hwy, Portland, OR 97225

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature) [signature] MD | DATE SIGNED (Mo. Day, Year) 21b 9/26/86 | HOUR OF DEATH 21c 5:30 P M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type/Print) 21d MATTHEW J. FORSTNER 3181 SW Sam Jackson Rd Portland, Or 97201

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) 21e EUGENE FUCHS

DATE RECEIVED BY REGISTRAR (Mo. Day, Year) 22a OCT 01 1986 | REGISTRAR 22b (Signature) [signature]

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

PART I
(a) Respiratory failure — Interval between onset and death: 2 hours.
DUE TO, OR AS A CONSEQUENCE OF
(b) Metastatic testicular Carcinoma — Interval between onset and death:
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) | AUTOPSY (Specify Yes or No) 24 No | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes

ACCIDENT (Specify Yes or No) 26a No | DATE OF INJURY (Mo. Day, Year) 26b | HOUR OF INJURY 26c M | DESCRIBE HOW INJURY OCCURRED 26d

INJURY AT WORK (Specify Yes or No) 26e | 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

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

'89 SEP 1 AM 9 10

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev 6-86

STATE OF OREGON
COUNTY OF MULTNOMAH

Date OCT 01 1986

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

[signature]
Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

CS-82/615

Filed for record at request of Crane & Foltyn the 1st day of Sept. A.D., 19 89 at 9:10 o'clock A M., and duly recorded in Vol. M89 of Deeds on Page 16447.

Evelyn Biehn County Clerk
By [signature]

FEE $8.00
Return: Crane & Foltyn
296 Main, Klamath Falls, OR. 97601